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ABSTRACT

The report summarizes the status of 36 Oregon projects for preschool, elementary, and secondary handicapped children which were funded for the 1975-76 academic year under Title VI-B funds. Evaluations on each project usually provide the following information: title of project, location of project, population served, funding allocated, project beginning and ending dates, background and rationale, methodology, objectives, and third party evaluator's comments. Among entries are the following projects: A Comprehensive Regular Classroom Model for Emotionally Disturbed Children, Diagnostic-Prescriptive Center, Baker Area Education Center for the Handicapped, Child Neurology Clinic, Clatsop County Learning Disabilities Center, Coos Regional Program for Hearing Impaired Students, Education Evaluation Center, Homebound Handicapped Project, Resource Consultant for the Emotionally Handicapped, Mainstream Accomodation Services for the Handicapped, Resource Center for Gilcrest Schools, Intervention Class For Emotionally Disturbed Children, Learning Resource Center-Vale District #15, and HELP (Help Eliminate Language Problems). An introductory section explains the evaluation plan, reviews the results of Title VI Oregon projects, and outlines recommendations. (SBH)

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IMPACT 10
of the
TITLE VI PROGRAMS
in the
STATE OF OREGON
September 1975—August 1976

This report was prepared under the auspices
of the Oregon Board of Education

by

The Teaching Research Division of the
Oregon State System of Higher Education

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The Impact in the State of Oregon of Title VI of the
Elementary and Secondary Education Act of 1965 as Amended
September, 1973—August, 1974

Introduction:

Title VI of the Elementary and Secondary Education Act of 1965.P.L., 89-750, as amended, authorizes that U.S. Commissioner of Education make grants for the purpose of assisting states in the initation, expansion and improvement of programs and projects for the education of handicapped children at the preschool, elementary and secodary school levels. The term "handicapped children" includes the mentally retarded, hearing impaired, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, cripped, or other health impaired children who because of their handicaps require special education and related services.

Foundation of the Title VI program within any state is the State Plan, the contract or agreement between the state and the U.S. Office of Education, for the operation of programs and projects for handicapped children at the preschool, elementary and secondary school levels. The plan submitted by the State of Oregon was approved by the State Board of Education on April 10, 1968 with an effective date of April 18, 1968. This plan was approved by the United States Office of Education on May 5, 1968.

The State Plan described the present statewide educational program for handicapped children. This description is excerpted and included as Annex A of the publication, Impact of the Title VI Programs in the State of Oregon. The State Plan described the procedures for the administration of Title VI within the state.

In order to determine which projects were funded under the Title VI program, the Oregon Board of Education, with the assistance of the Advisory Committee, defined and selected the following criteria for establishing priorities for funding projects and programs:

1) The extent to which the project will provide special education services to categories of handicapped children who are not being served or served adequately through the state reimbursed handicapped child program.
2) Adequacy of description and documentation of the need for the special education service desired in the project.

   Highest priority to projects that stress unmet needs by documenting the number of handicapped children needing the special education service proposed.
3) Extent to which the project stresses early identification of handicapped children and includes aspects of early treatment.

   Highest priority to projects that provide preschool special education services to handicapped children.
4) Adequacy of the project procedures for identifying the handicapped children to be served.

   Highest priority to projects that provide adequate diagnostic provisions for selecting children in need of the special education service.
5) Extent to which the project is of sufficient size, scope and quality to give reasonable assurance of meeting the educational needs of the handicapped children to be served.

   Highest priority to projects that provide special educational services focused on manageable numbers of handicapped children qualifying for the service and to projects that are designed to provide comprehensive service to these children.
6) Evidence of supplementation of the regular school program by the proposed project or program.

Highest priority to projects that make specific and realistic plans for integration into the regular school program of the handicapped children served by the project.

7) Extent to which other community and state resources are represented in the planning and operation of the project or program.

Highest priority to those projects that make full use of other community and state resources that are able to assist in the planning and operation of the project.

8) Provisions for evaluating the effectiveness of the special education services to be provided in the project.

Highest priority to projects that include specific evaluation procedures that are consistent with the objectives of the project appropriate for the services provided.

9) Provisions for participation of qualified, nonpublic school handicapped children in the project.

Highest priority to projects that make provision for participation of eligible handicapped children enrolled in private schools in the area to be served by the project.

10) Adequacy of the size and qualifications of the staff.

Highest priority to the projects employing or purchasing the services of well qualified staff and with a high enough ratio of project staff to the number of handicapped children to be served by the project to ensure effective service.

11) Adequacy of facilities, both existing and proposed, for conduct of the project or program.

Highest priority to school facilities that are already available to the district and considered appropriate for the needs of the project.

12) Economic efficiency of the proposed project.

Highest priority to those projects listing a detailed budget of estimated amounts of funds required for operation of the project and for cost-service ratios that are consistent with the special education services to be provided.

The policies and procedures under which Oregon initiated, approved, and conducted state programs and projects and local programs and projects were described completely in Impact of the Title VI Programs in the State of Oregon. Essentially, this procedure involved school districts submitting applications for Title VI monies. These applications were reviewed by the Advisory Committee who determined recommendations for funding of applications. These recommendations were approved by the Oregon Board of Education who then notified the applying districts.

Evaluation Plan

From the inception of the Title VI program within the State it was determined that Oregon should have, as part of its Title VI operation, a Third Party Evaluation. Consequently, the State Department of Education contracted with Teaching Research, a Division of the Oregon State System of Higher Education, for consulting services for the development of an evaluation program for Title VI in Oregon. The report of the evaluation of the Summer 1968 program is contained in *Impact of the Title VI Programs in the State of Oregon.* This evaluation model was considered so acceptable by not only the Oregon State Department of Education but also by the United States Office of Education that it was continued for subsequent funding periods. The following is a summary of Third Party Evaluators for subsequent Impact Reports.

Year	Report	Third Party Evaluator
1968-69	Impact 2	Teaching Research
1969-Summer	Impact 3	University of Oregon
1969-70	Impact 4	Teaching Research
1970-71	Impact 5	Teaching Research
1971-72	Impact 6	Teaching Research
1972-73	Impact 7	Teaching Research
1973-74	Impact 8	Teaching Research
1974-75	Impact 9	Teaching Research

The third party evaluation was conducted in Oregon using the following model: After the projects had been selected for funding by an Ad Hoc Advisory Committee, research consultants from the Teaching Research Division and the Coordinator of the Title VI programs within the state met with each of the project directors prior to the commencement of the project. This final evaluation plan entailed the determination of which measurement instruments were to be used and the method of conducting the measurements with these instruments.

During the school year Teaching Research consultants visited each project twice to insure that the evaluation procedures were being provided as planned. Special Education consultants of the State Department of Education visited projects associated with their speciality, not only serving as advisors to project directors in the conduct of the project, but also concerning themselves with the progress of the evaluation. Finally, the Title VI Coordinator visited each of the projects as a further check to insure that their progress and evaluation procedures were proceeding in accordance with the plan.

After the final report of each project was prepared and submitted by the project director, the results were examined, treated statistically where necessary, and determination made as to how successfully the project achieved its stated purposes. The results of that determination are reported herein.

The cost to the State for this Third Party Evaluation by the Teaching Research Division was $26,038 which included not only the initial planning with project directors and visits to project sites, but also the drafting of this report, including computer usage for statistical computations.

This evaluation plan which is utilized by the Oregon Board of Education to evaluate Title VI Projects has been selected as an exemplary model by Bureau of Education for the Handicapped (BEH), U.S. Office of Education in Washington D.C. Staff from BEH have repeatedly indicated to staff at the Oregon Board of Education that this evaluation plan and the resulting *Impact* reports are unique in the United States. BEH staff are particularly impressed because the Oregon Title VI Projects have objectives that are stated in precise behavioral terms, evaluation strategies that are applicable to the objectives and result in an ability to demonstrate behavioral changes in handicapped children.

These components allow staff from BEH to present data to the legislature to substantiate that monies spent for Title VI resulted in positive changes in handicapped children. The result of this is that the federal money appropriated for services for handicapped children has been increased since the inception of Title VI in 1968.

From the summer of 1968 to 1973, 133 projects have been funded to 58 local education agencies in Oregon through Title VI-B funds. The Coordinator of Federal Programs at the Oregon State Department of Education expressed an interest in knowing what impact these projects have had on handicapped children in Oregon. Consequently, a contract was awarded to the Exceptional Child Research Program of Teaching Research, a Division of the Oregon State System of Higher Education, to conduct a survey of all projects that had been previously funded under Title VI-B funds to determine the current status of these projects as to the number of children they were serving, the number of staff used to serve the children and the number of dollars that were being expended. Consequently, the purpose of this report was to provide a current summary of the status of all projects funded between 1968 and 1973 under Title VI-B funds.

1. Between 1968 and 1973, $1,288,456 of Title VI-B Funds were spent in Oregon to provide service to 5,947 handicapped children in 133 projects conducted by 58 local education agencies. The average per child cost across all handicapping conditions was $217.
2. The deaf-blind and TMR populations in Oregon would not have been served had Title VI-B not been available between 1968 and 1970.
3. The allocation of projects to the various counties in Oregon appears to be appropriate as the majority of projects were awarded to the greatest areas of population.
4. In-service training was provided to 1,500 professional staff, volunteers and parents to assist local education agencies to successfully implement their projects.

5. Of all projects funded for an academic year, 87% are still operational on local, state or other federal funds.
6. Of all projects funded for the summer only, 44% are still operational.
7. For the 92 projects still operational, the original funding was $637,306. Current funding from other sources for these projects is $2,145,793 which reflects an overall increase of $1,508,487.
8. Of the $2,145,793 for continued projects, 54% is from local funds, 21% is from state funds, and 25% is from other federal funds.
9. The majority of the local education agencies indicated that the utilization of a third party evaluator allowed them to more adequately serve handicapped children.
10. The majority of local education agencies feel that staff from the State Department of Education and the third party evaluators provided them with sufficient and appropriate technical assistance.

More specific information and data is contained in the Summary Impact of Title VI-B Funds on the Education of Oregon's Handicapped Children. This document was prepared by Teaching Research for the Oregon Department of Education.

In 1972, staff from BEH encouraged staff from Oregon Board of Education and Teaching Research to train other state departments to use this evaluation model. The following paragraphs describe the training conducted for 46 states, Puerto Rico, The Bureau of Indian Affairs, and the District of Columbia.

Eight training conferences on the Utilization of Third Party Evaluation Model were conducted for 90 participants who came from 46 states, Puerto Rico, the Bureau of Indian Affairs, and the District of Columbia. The three states that did not participate were Maine, Montana and New Mexico. The fiftieth state was Oregon.

The eight training conference began January 30, 1973 and were completed February 1975.

At the conclusion of many of the training sessions for the Utilization of Third Party Evaluation Model, staff from various states indicated that they would be interested in implementing the Third Party Evaluation model if third party evaluators were available. It had been their experience that colleges and universities and others did not have sufficient information to act as third party evaluators in the way that we were describing in the training model. Based on this information the Teaching Research staff conducted a workshop in Chicago on April 15-16, 1975. Eleven persons were selected as potential third party evaluators and were provided two days of training. At the conclusion of this training session, a list of states was provided to the third party evaluators whose staff had previously indicated that they might be interested in employing a third party evaluator.

The Teaching Research staff provided additional on-site training to staff members of four states and the Bureau of Indian Affairs in 1975.

Table 1

Summary of Projects Funded for 1975-76

Handicapping Condition	No. of Projects	No. of Children Served	% of Total	Dollars Funded	% of Total	Average Cost Per Child
Emotionally Disturbed	9	1,222	54	$225,150	27	$ 184.25
Visually Impaired	2	42	2	74,800	9	1,780.95
Hearing Impaired	4	106	5	74,850	9	706.13
Developmental Disabilities	6	296	13	178,852	21	604.23
Educable Mentally Retarded	2	42	2	49,000	6	1,166.67
Learning Disabled	11	419	19	219,376	27	523.57
Speech & Language Impaired	2	117	5	10,000	1	85.47
TOTALS	36	2,244	100	832,028	100	$ 370.78

RESULTS AND DISCUSSION OF TITLE VI PROJECTS IN OREGON

Thirty-six projects were funded for the academic year September 1975 through June 1976. Of the 36 projects funded, nine were located in the Portland area, seven were located in other parts of the Willamette Valley, and twelve in other parts of Western, Southern, Central and Eastern Oregon. See Figure 1 for the specific location of each funded project.

The 36 projects that were funded for the academic year 1975-76 served children in seven different handicapping areas. Eleven projects were funded in the area of the learning disabled, nine projects in the area of emotionally disturbed, two projects for speech and language impaired, four projects for the hearing impaired, six projects for the developmentally disabled, two for the visually impaired, and two in the area of educable mentally retarded. Two thousand two hundred forty-four children were served in the 36 projects. The total dollars expended for these services were $832,028. The average cost per child for the academic year was $370.78. (See Table 1)

In the area of the emotionally disturbed, 1,222 children were served for $225,150, which represents 54% of the total children served by all projects. Children with extreme learning problems were served for $219,376, which represents 27% of the total. It should be remembered, however, that of the nine projects for the emotionally disturbed, children were served by their regular classroom teachers and the services of the project were provided to train classroom teachers to deal with emotionally disturbed children in the classroom.

Most of the projects for the hearing, visually, speech and language impaired were seen on an itinerant basis twice or three times per week for a specified number of minutes each day, while the remainder of the projects were for the most part served in a regular classroom on a full time basis. Consequently, the number of hours and minutes of service provided to each child for the costs involved are varied greatly from one handicapping condition to another. Table 1 provides a breakdown of the number and type of projects, number of children served and dollars expended by handicapping condition for this funding period.

Eleven projects for learning disabled children were funded by the State Department of Education. Two of these projects utilized prescriptive classrooms in which the child was enrolled for special instruction.

Three projects utilized the resource room concept whereby children were enrolled in the resource classroom and the regular classroom for selected periods of the day. The resource room teacher also assisted the regular classroom teacher with individual programs for learning disabled children enrolled in the regular classroom.

Four projects utilized the Education Evaluation Center model. These projects provided a complete diagnosis as a result of tests administered to children and developed a learning prescription based on the interpretation of the child data. The classroom teacher then implemented the program. The project staff also assisted in follow-up to the regular classroom teacher.

For the fourth consecutive year heavy emphasis was placed in funding projects for the emotionally disturbed. Those 9 projects funded in the area of emotionally disturbed utilized the resource room concept. This approach entails taking children from the regular classroom for varying periods of time depending on their needs. Assistance is provided in academic areas as well as programs being conducted for various behavioral problems. Children return to the regular classroom for longer and longer durations some time during the school year as the behavior begins to reach criterion level of acceptable performance set by the regular classroom teacher. In addition training is provided to each child's classroom teacher, so that she may utilize the same procedures used by the special teacher in the regular classroom. Another potential benefit of this concept is that the classroom teacher could then generalize the use of this concept to other children in her classroom. It is the opinion of the third party evaluator and the State Department of Education that this is a desirable way of training children with deviant behaviors.

The project conducted at Portland State University which focused on training autistic children should receive special recognition because of its two year history of success. Data have been submitted again which demonstrate dramatic gains by this population of children.

The project staff have developed training procedures and materials which can be used as a model for other professionals to use who serve similar populations. These procedures include: (1) training for autistic children in language, self-help and the reduction and elimination of behavior problems; (2) maintenance and generalization of these skills in other settings; and (3) the inclusion of parents and surrogate parents to administer training programs with their child.

The project staff should be encouraged to develop these procedures in package format so that they may be distributed to other professionals. In addition, they should also be encouraged to develop a short term in-service training program so that other professionals can successfully utilize their procedures. This staff is to be commended for outstanding contribution to special education and to handicapped children.

RECOMMENDATIONS

1. *That the Oregon Board of Education give priority to those projects (local education agencies) that request funding for the education of handicapped children who are not receiving an education and those severely handicapped children receiving an inadequate education.*

Rationale: Public Law 94-142, Sec. 612:

"(3) The State has established priorities for providing a free appropriate public education to all handicapped children, which priorities shall meet the timetables set forth in clause (B) of paragraph (2) of this section, first with respect to handicapped children who are not receiving an education, and second with respect to handicapped children, within each disability, with the most severe handicaps who are receiving an inadequate education, and has made adequate progress in meeting the timetables set forth in clause (B) of paragraph (2) of this section.

2. *That the Oregon Board of Education establish as a priority those projects that examine procedures used in training handicapped children ages three years and under.*

Rationale: Currently, there is little research information available in the area of training handicapped children three years of age and under. It is an accepted fact by most educators that children can and do acquire many language and motor skills in the first three years of development. It is also known that the parents of handicapped children of this age group need special services and training to allow them to interact appropriately with their children.

This early intervention could facilitate the remediation of many skill deficiencies and allow the child to function more appropriately in the natural environment.

3. *That the Oregon Board of Education establish as a priority those projects which examine procedures used to provide vocational education and work experience for handicapped children.*

Rationale: The reasoning underlying the education of handicapped children in public schools in Oregon is to ultimately develop young men and women who are able to take their place in society to be independent citizens. This requires skills to serve and maintain a job over a sustained period if independence is to be forthcoming. It has been the observation of the third party evaluation team that vocational education for the handicapped has not developed nor utilized procedures which will allow this to happen adequately. Many training procedures have evolved over the past ten years which have demonstrated themselves to be effective in training the handicapped in the areas of academic and social behaviors. Some of these are: the development and utilization of task analysis; utilization of data collection systems which allow teachers to make decisions regarding changes in programming for children, the utilization of consequences which provides immediate reinforcement for desirable behavior and feedback for undesirable behavior. All of these procedures have demonstrated themselves to be successful in the areas of vocational education of the handicapped.

In addition, House Bill 4424 indicates that all handicapped children shall be served by the local school district. This law has become effective since the priorities were established for Title VI programs in Oregon. Since few procedures have been established which demonstrate effective changes in vocational skills for the moderate to severely retarded, it would appear to be advisable that school districts in Oregon be encouraged to submit proposals which would examine the effectiveness of these procedures in vocational education.

4. *That the Oregon Board of Education continue to give priority to those projects in the future which examine the effects of the integration of multiply handicapped and/or developmentally disabled children with "normal" children in a regular classroom.*

Rationale: In the past six years, the concept of integrating severely handicapped and developmentally disabled children into the regular classroom has become a popular concept. The theory behind the concept is that if individualization is being used in a classroom that a classroom teacher can provide for the idiosyncratic needs of any child regardless of the severity of the handicap. A further purported advantage to integration is the elimination of categorization of children and the isolation of these children in separate classrooms. While these third party evaluators do not accept or reject these theories, they do feel that little data are available to support the advantages of integration. It would seem that the following areas need to be examined in more detail before acceptance or rejection can be given to the concepts of integration.

A. Which types of handicapped children can successfully be integrated into a regular classroom?

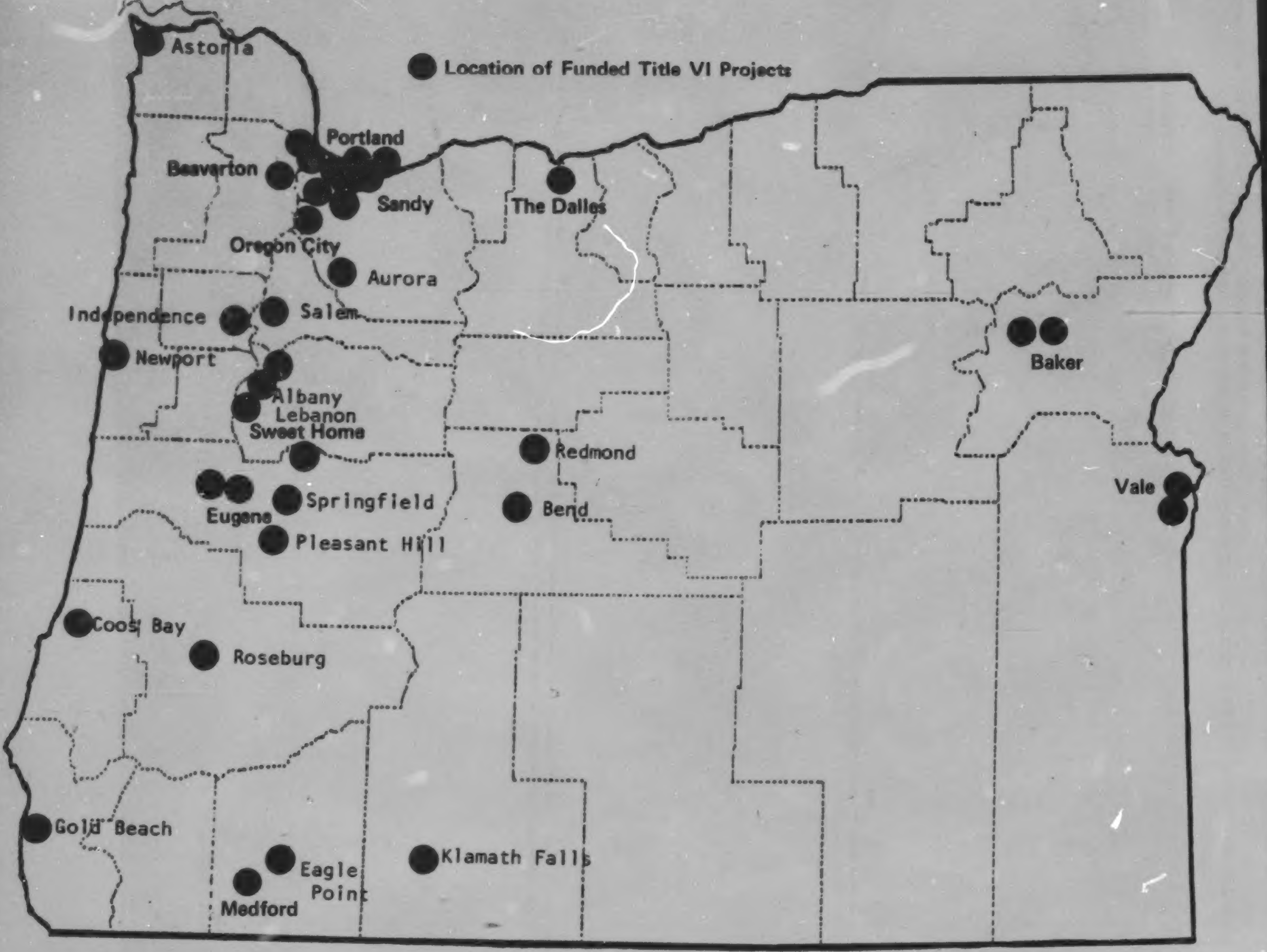
B. When compared with isolated settings, does integration provide for accelerated acquisition of academics and social behaviors for the handicapped child?

C. Does integration have any detrimental effect on the "normal" child?

D. Even if academic behaviors are accelerated for the handicapped child, is the social behavior of the child affected adversely?

It would appear that funding Title VI projects in the future to examine and gather information about the effects of integration would provide some positive information for other special education programs who are considering the use of this procedure. This recommendation is in line with Priority 6 as established by the State of Oregon which states:

> Evidence of supplementation of the regular school program by the proposed project or program. Highest priority to projects that make specific and realistic plans for integration into the regular school program of the handicapped children served by the project.


● Location of Funded Title VI Projects
Astoria
Portland
Beaverton
Sandy
The Dalles
Oregon City
Aurora
Salem
Independence
Newport
Albany
Lebanon
Sweet Home
Redmond
Baker
Vale
Eugene
Springfield
Bend
Pleasant Hill
Coos Bay
Roseburg
Gold Beach
Eagle Point
Medford
Klamath Falls

Title of Project: *A Comprehensive Regular Classroom Model for Emotionally Disturbed Children*

Location of Project: *Albany Elementary School District No. 5*

Population Served:
658 children served by aides
120 children served by teachers in group programs
13 children served by teachers in individual programs
13 children served by support services
34 children and parents served in clinic
838 children served

Funding Allocated: *$14,000*

Project Beginning Date: *August 27, 1975*

Project Ending Date: *June 11, 1976*

Background and Rationale:

Prior to the 1973-74 school year no specific programs had been developed for an emotionally disturbed child in the Albany Elementary School District No. 5. The need for this type of program had been evidenced by the number of requests by classroom teachers for assistance with and/or services for dealing with the emotionally disturbed child.

During the 1973-74 academic year, with combined district and Title VI funds, the Regular Classroom Program for Emotionally Disturbed Children was implemented in four of the district's nine elementary schools. During the 1974-75 academic year, the teachers in the remaining five elementary schools were inserviced, thus providing all regular classroom teachers with the necessary skills for developing a successful educational and/or behavioral program for the emotionally disturbed child in the regular classroom setting. In addition, during the two year duration of this project all special education personnel and support staff received the same inservice program which consisted of 24 hours of inservice training and numerous hours of in-class supervision conducted by the teacher consultants. This project has been successful on every dimension, but perhaps this success can be summarized by the third party evaluator's comments which appeared in Impact 8:

> "... the project is an excellent example of how accountability can be built in without sacrificing the quality of service.... the results are extremely impressive by themselves but become even more impressive when one examines the amount of training and the number of children served with the dollars spent." (p. 24)

The philosophical principles underlying the conceptualization and implementation of this project are in accordance with the Oregon Goal for Special Education which is to "restore the handicapped pupil to full participation in the regular school program without further special assistance or where this is not possible, to minimize the effort of his handicap to where he can function in the regular program of the school with a minimum of special education assistance."

But, at the conclusion of this two year project there were several inherent gaps or weaknesses that had to be confronted and remediated if the model was to have lasting utility in the elementary school environment. First, behavior problem children exhibit a vast majority of their deviant behavior during unstructured times (i.e. recess, lunch room, etc.). The Albany Elementary School District relies upon teacher aides to provide supervision during these unstructured times but the aides were excluded from the previous training because of financial and scheduling constraints. These individuals require training if a consistent remedial environment was to be maintained for the behaviorally deviant child. Second, the model had failed to account for staff turnover and therefore provisions had to be made so that newly hired teachers could be trained. Third, it became apparent that the degree of success in maintaining the behavior problem child within the regular classroom was directly related to the extent of parent participation. Parents of these children had to be trained to not only extend the remedial programs initiated by the classroom teachers and aides but to also modify deviant, home related behaviors.

The inservice staff (i.e. the Child Development staff) also felt that the development of a model to train elementary school personnel also carried with it the responsibility of developing training packages and the subsequent dissemination of these packages to educational personnel in other districts. A related concern was how long would the skills acquired by the district's staff last. Stated differently, were the staff only inoculated with new techniques and would this inoculation gradually dissipate over time or had the staff permanently acquired new skills which could be further developed by the individual staff member in their respective classroom environments.

In summary, this project was designed to serve the needs of emotionally disturbed children within the regular classroom. With the child remaining in the regular classroom, the responsibility for the child's educational program must be jointly assumed by the teacher, aide, and parent. In addition, the project was so conceived that staff and parents trained in behavior management techniques would have the skills to deal with problem behaviors before they became out of control. Finally, the child development staff assumed the responsibility of evaluating the long-range training impact of this project and to subsequently disseminate the procedures and the results to other educational personnel.

Methodology:

The project consisted of a project director, one full-time teacher consultant and three half-time teacher consultants. The project director holds a masters degree in education and has had extensive training and experience in working with emotionally disturbed children and in training classroom teachers in the management of children with behavior and/or academic problems.

The teacher consultants are certified elementary teachers with classroom experience. All of the teacher consultants have had extensive experience in the utilization of behavior management techniques and the majority and participated in the 1974-75 Title VI teacher training program (see Impact 8 and 9). One teacher consultant holds a masters degree in guidance and counseling.

The Title VI project staff received inservice training during the summer of 1973. This training was conducted by the project consultant from Teaching Research, Division of the Oregon State System of Higher Education. Inservice for the project staff was continued through weekly staff meetings during the remainder of the 1973-74 academic year. During the 1974-75 academic year the project staff conducted the teacher training project with only monthly meetings with the project consultant.

Aide Training:

Thirty-one aides participated in the inservice sessions. Each inservice consisted of two full-day sessions and two ½-day sessions with one session held weekly for four consecutive weeks.

These sessions were conducted by the project staff. During the inservice sessions, techniques for the management of behavior in unstructured settings was presented and discussed with the participating aides demonstrating mastery of the concepts through observing and recording data, writing behavioral objectives, and specifying behaviors utilizing observable descriptions. Specific attention was given to the actual design and implementation of behavioral treatment programs of both individual and group format. In the week following the first inservice session, participating aides were asked to specify a problem behavior for which they would design a behavioral treatment program, and to collect baseline data on this behavior, with a reliability check on that behavior scheduled with one of the Title VI project staff.

As part of each of the remaining inservice sessions, each aide met individually with the Title VI project staff in order to receive individual assistance in the design of the treatment program. Based upon the principles and techniques presented in the inservice session, each aide received help in the selection of appropriate treatment strategies he/she wished to employ in the behavioral program. At each weekly inservice session the aides brought in the data that they had collected on their program, and discussed any necessary program changes with a project staff member.

The aide inservice training objectives were presented to the participants the first day and were subsequently checked off as competency when those objectives were demonstrated.

The aides were asked to evaluate the following aspect of each inservice on a scale of 1 to 5, with 1 being the lowest rating and 5 being the highest: degree of interest in the session; value received from the session; and effectiveness of the handout materials. The evaluations were received at the conclusion of each of the inservice sessions.

Parent Training:

Thirty-four children and parents were served through the parent training clinic. The project staff had previously received training and practicum experience at the Teaching Research Behavioral Clinic. The goal of this training was to assist the project staff in the development of instructional techniques to assist parents in developing competencies in the analysis, utilization, implementation, and evaluation of behaviorally based intervention programs. In addition, techniques were discussed which would facilitate the development of a close working relationship between the parent trainer /teacher consultant, the classroom teacher, and the parent.

Weekly individual family training sessions focused on the specific problems identified by the parents for their particular child. In this way behavioral intervention principles were introduced as they were needed by the parent and/or program. Written instructional materials were infrequently employed and were only recommended during the last phases of training when requested by the participating parents. These materials were used to facilitate the parents' conceptualization of the intervention model and were not utilized to teach component treatment skills. The parents were "schooled" in the strategy that parental feedback is important for modifying the target child's behavior. This principle was initially emphasized through the intake conference when the parents were required to sign a contract in order to insure their appropriate follow-through during training. The frequancy of the return visits was determined by the progress of the child, the complexity of the behavior under remediation, the degree of supervision required by the parents, and transportation problems. Normally, three to five consecutive weekly visitations were scheduled in order to insure proper parental training. Following establishment of fundamental skills the parents were asked to return, first biweekly, then monthly. In cases where frequent visits were recommended, but were impossible, telephone conferences were scheduled concurrent with direct monitoring by a surface mail. Termination of cases was based upon the successful modification of the problems discussed during intake and/or a demonstration on the part of the parents they had developed effective habilitation strategies.

The function of the clinic was remedial and not diagnostic; consequently clinic activities were coordinated with existing diagnostic facilities within the district. Medical and psychological evaluations conducted outside of the district were obtained by the clinic personnel prior to parent training. This information aided in the derivation of effective treatment programs.

Objectives:

1. *By June 1976, a minimum of 80% of the students in a behavioral change program implemented by trained aides will have met the terminal objective of that program.*

Evaluation: Records of the intervention program for identified students will include the following: (a) specification of problem behavior; (b) establishment of a behavioral objective; (c) baseline substantiation; (d) specification of consequences to be employed during remediation; and (e) the associated data.

Results: As indicated by the ratings of the aides, the inservice sessions were well received by the participants. The overall rating as can be seen in Table 1, was 4.15 with a maximum available rating of 5.0.

Inservice training objectives were set for each aide which included the ability to design and implement programs. Of all the objectives 99.5% were completed by the participating aides.

Table 2 shows the number of aides that participated in the in-service, the number of participants initiating programs during the inservice, the number of individual and group programs initiated, the percent of programs successfully concluded, the percent of programs ongoing as of May 15, 1976, and the percent of programs terminated before completion. The table indicates that of the thirty aides who participated in the inservice training, thirty initiated programs of which 78% were successfully concluded. Three percent of the programs were ongoing at the conclusion of the project with 19% terminated before reaching the objective. Twenty-five percent of the projects that were terminated before completion were done so due to circumstances uncontrollable by the aide.

Table 1

Aide Inservice Evaluation

Degree of Interest in Session	Value Received From Session	Effectiveness of Handout Materials	Overall Rating of Inservice
4.14	4.14	4.18	4.15

Table 2

Programs Initiated During Inservice by Aides

Number of Aides	Number Who Initiated Programs	Number of Programs			%Success Completed	% Ongoing	% Terminated Before Completed
		Individ.	Group	Total			
30	30	17	18	35	78%	3%	19%

Representative samples of the individual and group programs assigned and run by the aides are included below with a discussion of each program:

Group Program #1

Group: 6th grade class

Teacher: Classroom Aide

Task Objective: To reduce the amount of time spent in transition, from the time the first student enters the room until the class is seated, quiet, and ready for instruction to an average of 1½ minutes for five consecutive days.

Program: During treatment 1 the aide will graph baseline on a large graph for the class to see. She will explain baseline and treatment to the class. The amount of time will be posted immediately after transition. Three days of averaging 2½ minutes per transition will earn for the class 10 minutes of free time in the classroom. Five days of averaging 2½ minutes will earn the class 10 minutes extra recess. Under treatment 2 condition the class will earn a popcorn and record party if they average less than 1½ minutes for five consecutive days. During this condition they may bring records from home.

Baseline Data: Average = 5 minutes

Final Data: Average = 45 seconds

The amount of time spent in transition dramatically decreased over time until all external reinforcers were withdrawn. Under probe conditions, that is, with no external reinforcers, the transition time remained below 1½ minutes.

Group Program #2

Group: Cafeteria Teacher: Cafeteria Aide

Task Objective: To reduce the number of times the students are out of their seats without permission from the aide for other than scraping food trays or getting seconds to an average of .8 per minute for five consecutive days.

Program: Under treatment 1 condition the aide will explain to the group baseline information and treatment. The treatment consists of explaning rules for leaving seats. Continuing counting out-of-seats for each 10 minute period in the cafeteria. When cafeteria criteria is met the group will earn a smiley face for the chart. The smiley faces can be exchanged for reinforcers ranging from sitting by a friend for lunch to a juice break during morning studies, and an award to be taken back to the classroom.

Baseline Data: Average = 1.1 out-of-seat per minute

Final Data: Average = .47 per minute

The number of out-of-seats dramatically decreased over time until all reinforcers were withdrawn. The students decreased over time until all reinforcers were withdrawn. The students continued to maintain this level of performance despite the withdrawal of external reinforcers.

2. By June, 1976, a minimum of 80% of the students in a behavioral change program implemented by parents participating a Parent Training Clinic will have met the terminal objective of that program.

Evaluation: The number of families served will be reported along with percent of the treatment objectives that were successfully completed. In addition, the number of clinic appointments kept by the parents will be recorded.

Results: A total of 34 children and parents participated in the clinic for the academic year. Table 3 shows the number of programs that were developed for these 34 families, the average number of programs per family, the number of programs that were successfully completed or terminated before completion, and the number ongoing as of June 1, 1976. In addition the table contains information concerning the number of appointments which were kept by the participating parents and the average number of weeks to program conclusion. Generally the table shows that 42 programs were established for the 34 families with an average of 1.24 programs per family; 69% of the programs were successfully concluded and 19 were ongoing as of June 1, 1976; 12% of the 42 programs were unsuccessful at termination; 95% of the appointments which were scheduled were kept by the participating parents and it took an average of 5.76 weeks to complete a parent's involvement in the clinic.

Table 3

Parent Training Program

			Number of Programs				
# of Families	# of Programs	Average Programs Per Family	% Successfully Completed	% Ongoing	% Terminated Before Completion	% of Appointments Kept	Average Number of Weeks to Program Conclusion
34	42	1.24	69%	19%	12%	95%	5.76

Representative samples of family programs are included below with a discussion of each program.

Individual Program #1

Student: A Grade: 6 Age: 11

Task Objective: A had exhibited a number of inappropriate behaviors at school. His mother requested that A be transferred to a new school just prior to his first appointment with parent trainers. Transfer was granted. The initial program for A was concerned with sibling fights in the home.

Baseline: 32 days present of 53 days total - 60%

Treatment I: The truancy program began as follows: for 10 consecutive days in school attendance, A and his mother would have dinner at the Chinese restaurant. A attended school the required days and earned the special dinner "out."

Treatment II: for 10 consecutive days school attendance, A would earn a bowling evening with the parent trainers. A attended 9 days in succession and then skipped a day thereby losing the bowling evening.

Treatment III: For 20 days of attendance, A would earn the repair of his motor bike in time for his birthday at the close of the school year. A's mother agreed to this large investment of money as an indicator of her commitment to the program and the importance of school attendance. A attended 20 of 20 days ending the year with his newly repaired bike and an added bonus of a trip with his grandparents.

Final data: 54 days present of 55 days total - 98%

Individual Program #3

Student C Grade: Kindergarten Age: 5

Task Objective: C is an only child. She is very verbal and her parents indicated only two main concerns - "not minding" and "arguing" when given a request.

Baseline data: 13% command compliance

Treatment I: The program began with C receiving a star on a special chart for each compliance and a tally mark under a "sad face" for each non-compliance. At the end of the day, if C had more stars than tally marks she earned a special treat, i.e. making pudding with mom, going to the park, or the library or helping bake a cake. Compliance data moved from baseline (13%) to 63% the first week of the program.

Treatment II: Stars and tallies were recorded with 75% compliance required to earn the treat. Data for this step averaged 68%.

Treatment III: This family had a variety of reinforcing events occurring regularly between the parents and the child. Because of this, if a special treat was not earned, there was always something else reinforcing happening in the natural environment which negated the absence of the treat. At this point the following schedule was instituted.

Bedtime = 7:30 for less than 65% command compliance
Bedtime = 8:00 for 65% command compliance
Bedtime = 8:30 for 80% command compliance
Bedtime = 9:00 for 100% command compliance

Stars and tallies continued to be recorded for determining the data. Compliance immediately moved to 85% and maintained an 80% average for next 7 weeks. At that time the program was phased out and family involvement ended.

Final data: 85% command compliance

Individual Program #4

Student: T Grade: First Age: 6

Task Objective: T and his second grade brother attended with both their parents. Both boys began a program for command compliance.

Baseline data: 35% command compliance

Treatment I: T received a star for each compliance and a tally for each non-compliance. If there were more stars than tally marks, T could stay up until 8:30. If more tallies, bedtime was set for 7:30. Data moved from baseline of 35% to 69% command compliance.

Treatment II: Both boys were refusing to do chores that had previously been routine so that they could receive a star when the parents "asked" them to do the chore. The following point system was instituted with items composed from areas of parent concern:

Get dressed = 5 pts.
Clean own room = 8 pts.
Make bed = 4 pts.
Eat breakfast = 10 pts.
Brush teeth = 3 pts.
Feed dog = 5 pts.
Put away outside toys/bikes = 11 pts.
Command compliance = 1 pt. each

Bedtime was 7:30 for less than 30 pts or 8:30 for 30 or more points. Data moved to 77% command compliance.

Treatment III: At the next conference, parents presented data indicating that T left home each evening on his bike without asking permission. The parents often spent hours hunting for him. Punishment and loss of privileges had had little effect in the past. The program remained the same except T would lose 20 pts for leaving home without permission. T lost 20 pts. the first night of the new program phase and thereafter asked permission. Data for command compliance increased to 85%.

Final data: 85% command compliance

Part of the energies of the project staff were devoted to the development of training packets that could be disseminated to other school districts and they would be able to replicate the success that has been reported in the Albany project. Packets are currently available through the Albany Elementary School District. During the course of the academic year the project had a request for materials from 98 individuals and consequently 246 training packets were disseminated outside the school district. Upon request 19 educational personnel from outside the school district participated in the regular inservice training sessions.

The project staff also conducted three out of district inservices which ranged from one day in duration to three days. A total of 212 individuals participated in these sessions. The participants rated these sessions on a scale of 1 to 5, with 1 being the lowest and 5 being the highest with the result that these sessions were rated as 4.66 by the 212 participants.

Finally, the child development specialists made 8 presentations to groups ranging from the Oregon State University Student Teachers Colloquim series to PTA's and Linn-Benton Mental Health. A total of 109 individuals participated in these presentations.

Third Party Evaluator's Comments:

The data submitted by the project staff for each of the two objectives in this project demonstrates outstanding professional competency on the part of the training staff.

The obvious impact of a project such as this is the service that the trained aides and parents will provide to other children in the Albany School District in tte future.

The quality of the programs designed and run by teacher aides and parents is professional in every regard. Subsequent data on aides running programs (only 19% were terminated before successful completion) is equally impressive. Parent data is also impressive. Only 12% were terminated before completion. This 12% reflects approximately 5 of 42 that were not completed.

Dissemination efforts were equally impressive. Two hundred forty-six (246) training packets were distributed outside the Albany School District. Also, 212 professionals attended in-service training sessions provided by this staff. On a scale of 1 to 5, the 212 people rated the training 4.66.

The Albany School District and the project staff are to be commended for an outstanding Title VI-B Project.

Title of Project: *Diagnostic-Prescriptive Center*

Location of Project: *Albany Elementary School District #5*

Population Served: *34 Learning Disabled Children*

Funding Allocated: *$23,500*

Project Beginning Date: *July 1, 1975*

Project Ending Date: *June 30, 1976*

Background and Rationale:

Of the approximately 204 identified learning disabled (LD) children seen for assessment by the 6.5 Extreme Learning Problems (ELP) specialists within the Albany Elementary School District #5 during the 1973-74 school year, approximately 50 were recommended for more extensive evaluation to outside agencies. The type of recommended evaluation could not be provided by the existing District #5 Support Service staff. Frequently the recommended evaluation was delayed and/or postponed due to lack of transportation, length of the waiting list at the other agencies, and problems of scheduling. More important, in cases where an evaluation was completed by an outside agency recommendations provided were not specific enough to allow easy translation of the diagnostic information into a meaningful educational program with specific methods and materials to be utilized. Outside agencies frequently left parents confused regarding the results and recommendations of the evaluation, as well as to how the educational system would provide for the child's needs. In addition, outside agencies were unable to assist in the follow-up of the treatment programs. As a result, the Albany Elementary School District, through the cooperation and assistance of the Oregon Model Center at Oregon College of Education developed and implemented a Diagnostic and Prescriptive Center for school age children. The Diagnostic/Prescriptive Model implemented in the District was designed to eliminate the weaknesses in the present system for obtaining a thorough evaluation for severely LD children which included a complete diagnostic work-up, specific instructional programs based on needs of the child and an on-going implementation and follow-up program for classroom teachers and parents.

Methodology:

Implementation of the Diagnostic/Prescriptive Model during the 1975-76 school year was threefold. First, it provided a thorough evaluation by a team of specialists in the diagnosis of severe learning disabilities. The Center operated two days a week with the following staff: a psychologist, a speech and language clinician, an ELP specialist, a classroom teacher, and the building ELP specialist. Utilizing this staff, a complete psycho-educational assessment was administered and a complete case history was established with the help of the parents. In addition, a conference was conducted at the conclusion of the assessment which included the Center team, other Support Services staff who would be working with the child, and the child's parents. This conference was held to summarize the findings of the staff.

The second component of the Diagnostic/Prescriptive Center was the provision of a prescriptive instructional program with specified methods and instructional materials to be used. To initiate the program a conference was held with the classroom teacher and the building ELP specialist. Each person was assigned to conduct a specific section of the child's program and they were given a method of recording the progress of the child.

The third component of the program was the implementation and follow-up of the instructional program. During this past year, there were six occasions when it was necessary to have the entire Center staff involved in the follow-up sessions to revise the program as indicated by the daily evaluations and weekly conferences. In three other instances, with the assistance of the other Center staff, conferences were conducted with the building ELP specialist, classroom teacher, and other support services personnel to insure that the on-going program was effective. Routinely, and in all other cases, the building ELP Specialist met weekly with the classroom teacher and a minimum of twice a month with the Center staff to discuss the specific instructional programs prescribed for the LD child.

Once the instructional program was developed and implemented, the most effective use of the center staff's time was in the implementation and follow-up of each child's program. The staff's availability to the teacher when she had a problem with the child or his program contributed to the overall success of the prescribed instructional program.

Objectives:

1. *By June 1976, 35 severely learning disabled children will have received extensive psychometric, educational and speech, language and hearing evaluations; medical evaluations provided as indicated; to be completed within a month of the referral.*

Evaluation: Record and report the number of learning disabled children evaluated. Record and report the scheduled evaluations. Completed evaluations will be on file and reported in Support Services offices.

Results: A total of 35 severely learning disabled children were referred to the Evaluation Center. All 34 children received a complete, psychometric educational, speech, language and hearing evaluation. Medical evaluations were provided as needed. A copy of the completed evaluation is on file in the district Support Services office.

2. *By June 1976, 35 learning disabled children will be given prescribed instructional programs based on their specific learning modality within two weeks following the evaluation, materials to be specified.*

Evaluation: Record prescribed instructional programs within two weeks of the evaluation. Record and report the prescribed programs specifying methods and materials. The number of meetings held by the building ELP Specialist and the classroom teacher will be recorded and reported.

Results: Thirty-one learning disabled children received a prescribed instructional program within two weeks of the evaluation. Three of the children were evaluated three weeks prior to the closure of school and therefore a detailed instructional program was not developed. However, specific recommendations for the 1976-77 school year were included in the report.

The 34 children were divided into two groups by grade level; children in second to sixth grades and children in kindergarten and beginning first grade. This was done because of the different types of tests and instructional materials utilized.

3. *To provide weekly conferences between the ELP specialist and the classroom teacher.*

Evaluation: A record will be kept covering the conferences held by the Center and/or building ELP specialist with the teacher, and will be reported. A record will be kept covering the number of reports sent to the parents of the learning disabled children. A log will be kept on the follow-up conferences and will be reported.

Results: A record of conferences was maintained by the building ELP specialist and the Child Evaluation Center (CEC) staff and this record included conferences held with classroom teachers, other support services staff and parents. Written reports to parents were also recorded. Table 1 shows the number of conferences recorded by each ELP Specialist. Person number VIII represents the center staff and the table shows the number of conferences they had throughout the year. Also shown is a record of the number of learning disabled children evaluated and served by each building ELP specialist. Each building specialist, as indicated in Table 1, provided a number of follow-up conferences to the classroom teachers.

Table 1

Conferences conducted by E.L.P. Specialist and Center staff

	E.L.P. Specialist	I	II	III	IV	V	VI	VIIVIII	
	Total # of children Evaluated & Served	9	2	2	3	1	3	4	10
Conferences	Classroom Teacher	250	12	7	95	40	26	40	104
	Support Services	84	9	11	27	6	7	5	59
	CEC	40	6	5	18	14	13	15	76
	Parents	34	8	4	36	15	21	10	60
	Written Reports—Parents	18	4	4	11	20	24	8	25

4. To increase the academic skills of the learning disabled children that have a prescribed program witten for them.

Evaluation: The progress on a criterion reference inventory covering those selected skills for each child will be recorded and reported.

Results: Thirty-one learning disabled children were given a specific instructional program based on the diagnostic instruments used in the clinic. A daily record of progress was maintained by the classroom teacher and/or building ELP specialist. Posttests administered in the spring included the pre-diagnostic instruments used in the fall. Table 2 shows the pre—posttest results for each child as well as the average gain for all children evaluated. (Four children moved prior to the posttest schedule.) The Center staff was unable to collect post data on cases 22, 23 and 24 due to late scheduling for evaluation into the clinic prior to school closure and the unavailability of the pupil during the testing schedule.

In general, the students gained .75 months in reading, while the average gain in math, based on the Key Math Test, was also .75 months. The Wide Range Achievement Test (WRAT) indicated .55 months gain in math, the average spelling gain was .6 months.

Table 3 shows the skill gain for children in kindergarten and first grade who were evaluated in the Center. No posttest data were obtained for children F, G, H, I, and J because three of the children were initially evaluated in May and two moved prior to the testing schedule. As shown in Table 3, skill gain was achieved in basic readiness skills as indicated by the Basic Recognition Check List Test and the Preschool Inventory Test. The average gain in the Basic Recognition was 51 skills and in Preschool Inventory 82 skills.

Third Party Evaluator's Comments:

Results clearly indicate that this program was successful in meeting its objectives. Children with severe learning disabilities were assisted and the Center was also able to help both the ELP specialists in the district as well as the regular classroom teachers in whose classes the children were enrolled. It is obvious that the Center was able to provide a worthwhile service to the learning disabled children in the district as well as to the support service staff and the classroom teachers. Parents of the children in the program also benefitted.

This evaluator would encourage the Center staff to acquire evaluative data on as many children served as possible. It is realized that in some cases that is impossible to do, however, every effort should be made to acquire the most complete data possible. Only in this manner can the center defect its true value to the district.

Table 2

Diagnostic Test Evaluation for L.D. child evaluated (Gr. 2-6)

Case #	Informal Reading Inventory (IRI)			Phonics (100)			Key Math			WRAT			Dolch Vocabulary (220)		
	Pre	Post	Gain	Pre	Post	Gain	Pre	Post	Gain	Pre	Post	Gain	Pre	Post	Gain
1	1.0	1.6	.6	47	87	40	2.0	3.7	1.7	Sp 1.8 Rd 1.7 Mt 3.0	2.3 2.9 3.2	.5 1.2 .2	89	167	78
2	7.0	7.0	-0-				3.6	3.6	-0-	Sp 6.3 Rd 9.3 Mt 3.4	6.5 10.1 4.7	.2 .8 1.3			
3	1.8	2.0	.2	69	102	33				Sp 2.5 Rd 2.2 Mt 2.6	2.6 2.6 3.0	.1 .4 .4	92	187	95
4	1.0	2.1	.3	112 136	131 136	21				Sp 1.5 Rd 1.6 Mt 2.4	2.2 1.9 3.2	.7 .3 .8	63	[illegible]	72
5	4.2	6.8	2.6	36	59	23	2.6	3.0	.4	Sp 3.7 Rd 5.1 Mt 2.6	6.0 5.9 3.6	2.3 .8 1.0			
6	PP	P	1.0	14	70	56	1.0	2.0	1.0	Sp 1.0 Rd 1.3 Mt 1.0	1.7 1.6 2.1	.7 .3 1.1	7	20	13
7	PP	1.0	1.0	[illegible]	72	11	1.0	1.6	.6						
8	2.1	3.9	1.8				2.5	2.9	.4	Sp 2.9 Rd 2.5 Mt 2.8	3.7 3.3 3.0	.8 .8 .2			

Table 2 —Continued

Diagnostic Test Evaluation for L.D. child evaluated (Gr. 2-6)

Case #	Informal Reading Inventory (IRI)			Phonics (105)			Key Math			WRAT			Dolch Vocabulary (220)		
	Pre	Post	Gain	Pre	Post	Gain	Pre	Post	Gain	Pre	Post	Gain	Pre	Post	Gain
9	3.7	4.3	.6	92	102	10				Sp 3.2 Rd 3.8 Ma 3.2	3.0 4.8 4.2	–.2 1.0 1.0			
10	2.7	3.9	1.2	101	102	1				Sp 3.5 Rd 4.2 Ma 4.2	3.9 5.9 4.5	.4 1.7 .3			
11	4.5	3.5	–1.0	82	91	9				Sp 2.0 Rd 4.1 Ma 3.6	3.2 4.8 5.0	1.2 .7 1.4			
12	1.0	1.5	.5	76	92	16				Sp 1.7 Rd 1.7 Ma 1.9	2.3 2.5 2.1	.6 .8 .2	80	148	68
13					81	-	-	2.1		Sp 2.6 Rd 2.8 Ma 3.5	2.9 3.0 2.8	.3 .2 –.7	200	215	15
14	2.3	2.8	.5	94	92	–2				Sp 2.7 Rd 3.3 Ma 2.8	3.7 3.5 2.8	1.0 .2 -0-	201	215	14
15	4.2	5.4	.8							Sp 6.0 Rd 4.8 Ma 3.0	6.8 6.5 2.8	.8 1.7 –.2	23	58	35
16	2.8	4.4	1.6							Sp 2.3 Rd 3.0 Ma 2.8	2.5 3.3 2.6	.2 .3 –.2			
17	PP	P–	.1	16	50	34	1.4	2.5	1.1	Sp 1.0 Rd 1.2 Ma 1.8	1.1 1.5 2.8	.1 .3 1.0	0	20	20
18	P	1.5	1.0							Sp 1.3 Rd 1.5 Ma 1.9	1.4 1.5 2.4	.1 -0- .5			
19	6.1	7.2	.9							Sp 3.5 Rd 4.7 Ma 6.7	4.9 5.4 9.0	1.4 .7 2.3			
20	1.8	3.0	1.2	85	86	1	2.6	3.6	1.0	Sp 1.4 Rd 2.1 Ma 2.6	2.3 2.7 2.6	.9 .6 -0-	0/95	95/95	95
21	3.2	-		71	-		2.3	-		Sp 2.2 Rd - Ma 3.0	- - -		108	-	
22	4.5	-								Sp 3.5 Rd 2.5 Ma 3.6	- - -				
23	2.0	2.3	.3							Sp 2.3 Rd 2.7 Ma 3.2	- - -				
24	5.0	-					3.6	-		Sp 6.0 Rd 3.5 Ma 3.6	- - -				

Total Average Gain = .75 30 Skills .75 .75

.55 50 words

Table 3

Diagnostic Test Evaluation for L.D. Child Evaluation (K-1)

	IRI			Phonics			Basic Rec. (134)			P.S. Inv. (127)			Vocabulary		
	Pre	Post	Gain	Pre	Post	Gain	Pre	Post	Gain	Pre	Post	Gain	Pre	Post	Gain
A	PP	2.0	1.0	-0-	45	45	88	143	55	30	124	94			
B							22	93	71	50	120	70			
C							58	142	84	44	126	82			
D							14	71	57						
E							40	70	30				7	16	9
F							3	17	14	41	-				
G										45	-				
H															
I															
J										64	-				
Total Average Gain									51			82			

Title of Project	*Baker County IED Program for Visually Impaired Children*
Location of Project	*Baker, Malheur and Umatilla Counties*
Population Served:	*11 Visually Impaired Children*
Funding Allocated:	*$19,*[illegible]
Project Beginning Date:	*September 1, 1975*
Project Ending Date:	*June 25, 1976*

Background and Rationale:

Ten visually impaired students, residing in Baker, Malheur and Umatilla Counties had been previously identified and served for three years by the program under Title VI grants. It was felt by the parents, teachers and itinerant teacher involved, that continued supportive services should be supplied to these children to assist them to remain successfully in local settings. One child moved away, and one new student was included in the program. Thus, a total of eleven students continued to be served this year.

Methodology:

This project employed one itinerant teacher. The itinerant teacher had a master's degree in education of the visually impaired, had training in orientation and mobility, and training in the teaching of daily living skills. In addition to the itinerant teacher there were aides, physical and speech therapists, readers, and volunteers who worked with children served by the program. (All supplementing the work of parents and classroom teachers with each of the students.) The itinerant teacher maintained a regular schedule with students who were located in Baker, Richland, Ontario, Adrian, Harper, and Pendleton schools. Instruction was provided in a variety of academic and living skill areas. Each student was seen for approximately two hours each week by the itinerant teacher. Children who were assessed capable of developing their visual and auditory capabilities, received instruction along those lines where appropriate and as possible. Major camping experiences were conducted during the fall and winter for all of the older children.

Objectives:

1. *To provide a program for visually impaired children in a rural area. Participants will receive supplementary individual instruction.*

Evaluation: Pre and posttest results of the Roswell-Chall Reading Test and Living Skill Checklists will be used where appropriate and reported. Braille checklists and an orientation and mobility checklist will be used where appropriate and reported.

Results: Student A mastered computation in the following areas: addition of multiple digit numbers, using decimals; subtraction of multiple digit numbers and the multiplication of single and multiple digit numbers. Other gains made by Student A in other areas are contained in Table 1.

Table 2 displays those data for Student B in the areas of math and basic cooking.

On all behaviors serving as developmental criteria for indicating progress for Student C (sitting, standing, crawling, sound production, etc.) he has shown no change from last year. In spite of an intensive four hour per day program (involving multiple volunteer use) conducted at his home, he did not show specific gain, however he had developed better body tone. He maintained a developmental level of less than six months and continued to be seizure involved.

While Student D shows no measured gain this year in reading skills, to some extent she operates with greater efficiency and speed this year than last.

Student D's consistency had increased markedly from last year. While at the end of last year she recognized 75% of known sight words on a particular trial, this year she is accurate 90% of the time. And while last year it was not possible to get a measurable reading speed, this year she reads at about 10 words per minute.

Student D has mastered computation (Key Math Diagnostic Test) in the addition of single digit numbers, multiple digit numbers and the subtraction of single digit numbers.

Table 3 displays the gains made by Student D on the Dolch Word Knowledge, living skills, Barraga Visual Efficiency Test, Beery/Buktenica Test and Familiar Sounds Discrimination Test.

Student E had been given instruction in sitting, standing, crawling, walking, rolling, vocalization, and eye/hand integration. At the beginning of the project year he was not able to bring himself to a sitting position or let himself down from a sitting position. At the end of the project period it was observed that he could sit up and let himself down; with encouragement and visual stimuli he now can crawl unassisted; he is able to stand unsupported for indefinite periods of time using legs and roll to reach an object.

Table 1

Pre and Posttest Results for Student A

	Pretest	Posttest
Braille Skills		
Reading & Writing Braille Knowledge	(6/2/75)	(5/24/76)
Punctuation Marks	15/17	27/31
Contractions	187/189	189/189
Operational Formats	(6/9/75) 6/8	(5/24/76) 8/8
Mathematical Symbols	10/42	13/42
Orientation & Mobility	(6/14/75) 9/10	(5/18/76) 10/10
Typing	(6/16/75) 16/19 0 wpm	(5/24/76) 18/19 23 wpm
Living Skills		
Sweeping floor	(3/16/75) 3/6	(6/7/76) 4/6
Table wiping	(6/17/75) 2/5	(6/7/76) 3/5
Telling time	(6/9/75) 7/11	(3/1/76) 11/11
Handling money	(6/9/75) 10/13	(5/1/76) 13/13
Buckles belt	(1/5/75) 1/11	(4/13/76) 11/11
Secures socks	(6/25/74) 3/5	(4/12/76) 5/5
Fold T-shirt	(3/16/76) 1/5	(6/1/76) 2/5
Sweeps floor	(6/16/75) 3/6	(6/7/76) 4/6
Changes pillowcase	(3/14/75) 0	(5/4/76) 3/4
Pouring	(3/16/76) 3/5	(5/4/76) 5/5
Beery/Buktenica (Test of Visual Motor Integration)	(11/3/75) 5	(5/19/76) 8
Frostig Developmental Test of Visual Perception (total raw score)	(6/9/75) 6	(5/24/76) 10
Familiar Sounds Discrimination Quiz	(6/10/75) 43/50	(6/1/76) 45/50

Table 2

Pre and Posttest Results for Student B

Key Math Diagnostic Test

	Pretest	Posttest
Addition	(10/7/75)	(3/9/76)
Single Digit Numbers	X	X
Multiple Digit Numbers	X	X
Using Decimals		X
Fractions		X
Subtraction		
Single Digit Numbers	X	X
Multiple Digit Numbers	X	X
Using Decimals		X
Fractions		X
Multiplication		
Single Digit Numbers	X	X
Multiple Digit Numbers		X
Using Decimals		X
Fractions		X
Division		
Single Digit Numbers		X
Multiple Digit Numbers		X
Using Decimals		X
Fractions		X
Basic Cooking	(6/15/75) 4/5	(4/20/76) 5/5

Table 3

Pre and Posttest Results for Student D

	Pretest	Posttest
	(5/30/75)	(6/4/76)
Primer	50/52	52/52
1st grade	30/41	41/41
2nd grade	24/46	46/46
3rd grade	18/41	41/41
Living Skills		
Belt buckling	(6/13/75) 7/11	(5/14/76) 11/11
Folding blanket	(5/30/75) 4/5	(5/14/76) 4/5
Table wiping	(5/30/75) 4/5	(5/14/76) 5/5
Can opening	(5/30/75) 5/6	(5/14/76) 6/6
Telling time	(6/6/75) 9/11	(5/28/76) 10/11
Handling money	(5/30/74) 6/13	(5/28/76) 8/13
Barraga Visual Efficiency Test	(6/13/75) 26/47	(5/21/76) 27/47
Beery/Buktenica (Test of Visual Motor Integration)	(5/2/75) 6	(5/21/76) 9
Familiar Sounds Discrimination Quiz	(6/6/75) 43.5/50	(5/21/76) 45/50

On the Roswell-Chall Reading Diagnostic Test, Student F showed improvement in the area of consonant combination. This student also mastered computation in the addition of single digit numbers and the subtraction of single digit numbers.

Table 4 displays gains made by Student F in the areas of Dolch Word Knowledge, typing and living skills.

Student G made a moderate gain during the project year. At the beginning of the year she was timid, and afraid to explore her environment (particulary at her preschool); now she goes up and down stairs readily, and roams thoroughly when she wants to. At the beginning of the year she would insist on being fed; at the end of the project year she was spoon feeding herself when food was in small pieces or smooth. At the beginning of the project year she seldom toileted anywhere other than in her pants; by the end of the project year she had reduced this behavior to about 50% and knew and used the words "go potty." At the beginning of the year she had 8-10 words in her vocabulary; she has increased that to around thirty.

Student H made gains on the Roswell-Chall Reading Diagnostic Test in the areas of short vowels and rule of silent e. The student had also mastered computation in the following areas: addition to multiple digit numbers, and the multiplication of single and multiple digit numbers.

Table 5 displays additional gains made by the child in the areas of Dolch Word Knowledge, Barraga Visual Efficiency Scale, and Familiar Sounds Quiz.

Student I mastered computation in addition using decimals, subtraction using decimals, multiplication of single digit numbers and using decimals; division of single digit numbers.

Additional gains were made in the areas of typing, living skills, and visual perception. These gains are displayed in Table 6.

Student J mastered computation in the addition of multiple digit numbers, subtraction of multiple digit numbers, and the multiplication of single digit numbers.

Table 7 provides data which displays gains made by Student J in Dolch Word Knowledge, Braille Alphabet and Contractions, Living Skills, Visual Efficiency and Familiar Sounds Quiz.

2. *Other children suspected of having difficulty in school because of visual defects will be evaluated.*

Evaluation: A record of children evaluated and referred to an eye specialist will be maintained.

Results: Fifty-one children were evaluated by the itinerant teacher during the year. Ten of that number were referred to eye doctors. One child was located for possible inclusion in the program next year.

Table 4

Pre and Posttest Results for Student F

	Pretest	Posttest
Dolch Word Knowledge	(11/12/75)	(5/26/76)
Pre primer	33/40	40/40
Primer	38/52	50/52
First grade	32/41	34/41
Second grade	21/46	31/46
Third grade	18/41	30/41
Typing	(9/14/75)	(6/10/76)
	0	8/19
	No measure of speed yet	
Living Skills		
Affixes blanket	(10/7/75)	(4/21/76)
	0	5/5
Makes bed	(10/7/75)	(6/2/76)
	0	4/7
Changes bed	(10/7/75)	(6/2/76)
	2/17	10/17
Telling time	(5/21/75)	(6/7/76)
	5/11	11/11
Handling money	(5/28/75)	(6/2/76)
	1/13	3/13

Table 5

Pre and Posttest Results for Student H

	Pretest	Posttest
Dolch Word Knowledge	(9/14/76)	(6/9/76)
Pre primer	34/40	39/40
Primer	42/52	52/52
First grade	33/41	37/41
Second grade	31/46	42/46
Third grade	27/41	37/41
Reading speed	(9/25/75)	(5/19/76)
	21 wpm	25 wpm
Barraga-Visual Efficiency Scale	(12/3/75)	(6/2/76)
	35/47	47/47
Familiar Sounds Quiz	(1/22/76)	(6/3/76)
	47	49

Table 6

Pre and Posttest Results for Student I

	Pretest	Posttest
Living Skills		
Secures socks	(1/21/76) 1/5	(4/7/76) 5/5
Can opening	(10/16/75) 1/5	(11/24/75) 5/5
Cooking	(10/15/75) 0	(5/19/76) 2/5
Telling time	(6/4/75) 9/11	(5/12/76) 11/11
Typing	(6/4/75) 11/19 5 wpm	(6/2/76) 15/19 9 wpm
Frostig (Developmental Test of Visual Perception)	(5/11/75) 45	(5/26/76) 51

Third Party Evaluator's Comments:

The project staff submitted a complete final report which contained the necessary data to indicate the successful completion of the two objectives.

The third party evaluator was impressed with the use of paid aides and volunteers. This certainly will assist the itinerant teacher in delivering more direct training to visually impaired children.

Table 7

Pre and Posttest Results for Student J

	Pretest	Posttest
Dolch Word Knowledge	(6/4/75)	(5/26/76)
Pre primer	39/40	40/40
Primer	48/52	52/52
First grade	32/41	41/41
Second grade	29/46	46/46
Third grade	24/41	41/41
Reading Speed	(11/12/75) 8 wpm	(5/19/76) 24 wpm
Braille Alphabet	(5/28/75) 18/26	(5/26/76) 26/26
Braille Contractions	(5/28/75) 0	(5/26/76) 23/23
Living skills		
Telling time	(5/22/75) 8/11	(5/24/76) 11/11
Handling money	(5/22/75) 7/14	(2/12/76) 13/13
Barraga Visual Efficiency Scale	(6/16/75) 24/47	(5/27/76) 39/47
Familiar Sounds Quiz	(6/16/76) 40.5/50	(6/2/76) 46/50

Those gains made by each of the children in the skill area of Braille, living, math, and language were certainly acceptable. The project staff is to be congratulated for another successful project year.

Title of Project: *Baker Area Education Center for the Handicapped*

Location of Project: *Baker School District 5J*

Population Served: *14 Mentally Handicapped Students*

Funding Allocated: *$19,852*

Project Beginning Date: *September 3, 1975*

Project Ending Date: *June 7, 1976*

Background and Rationale:

Through a survey conducted by staff of Union County IED, 17 Baker County mentally handicapped students were identified as not receiving an adequate education. Special education for mentally handicapped students in Baker County was limited to Baker School District 5J. There was no provision for adequate educational opportunities for students in outlying districts.

Since it is seldom economical for smaller school districts to offer adequate programs for the mentally handicapped, cooperative efforts between all Baker County Schools was viewed as a viable alternative to providing effective educational services to these students. Baker's comparatively high student population made it a favorable location for an area education center. Further, Baker School District 5J was centrally located in the county to offer special education services to the other school districts: Huntington School District 16J; Pine Eagle School District 61; Baker County School District 30J; and North Powder School District 8J.

Baker School District 5J proposed to coordinate a county-wide area education center for the handicapped to be located in Baker. The plan was to utilize Baker School facilities which included one class for TMR, and three classes for EMR, one each at elementary, junior high and senior high levels. One additional class for EMR students at the elementary level was provided since this level had capacity enrollment.

Methodology:

The main purpose of the program was to provide special education services for mentally handicapped students from the four school districts outside District 5J, and for mentally handicapped students in over-crowded programs in Baker District 5J.

The program was delivered by one TMR and four EMR teachers, three aides, and a program coordinator. Seven high school aides assisted with student program implementation. Students referred were assessed and subsequent recommendations for education placement were made. Total project enrollment was 14.

The Student Progress Record (SPR) was administered to each TMR student in September as a pretest and again in May as a posttest. Each TMR student enrolled in the education center classroom received instruction in the 13 areas of the Student Progress Record: (1) social skills; (2) receptive language; (3) expressive language; (4) reading; (5) writing; (6) number concepts; (7) money; (8) time; (9) eating; (10) dressing; (11) personal hygiene; (12) motor skills; and (13) physical fitness.

Educational programs for students were planned and taught based on individual performance on the SPR pretest and upon functional classroom ability. Programs were monitored daily by the TMR teacher and adjusted according to daily performance.

Each EMR student enrolled in the program received instruction for goals, and sub-goals selected from areas of the Toward Competency Guide: (1) basic skills; (2) personal and social awareness; (3) living in the environment; (4) career education; (5) human ecology; and (6) leisure time activities. Further, mastery criteria for performance were established by the EMR teachers for each individual to attain. The criteria selected were used as pretest criteria and were rechecked for posttest data. EMR teachers recorded in the Toward Competency Guide the dates criteria were checked and whether or not they had been reached.

Objectives:

1. *To provide an educational program for the mentally handicapped that will allow 80% of the TMR students enrolled in the area education center to demonstrate gains on the behaviors contained in the Student Progress Record.*

Evaluation: Student Progress Record will be administered and reported on a pre-posttest basis.

Results: The mean gain for nine TMR students on the Student Progress Record for the project year was 5.1 percent across all skills.

2. *To provide an educational program for the mentally handicapped that will allow 80% of the EMR students enrolled in the area education center to demonstrate gains on the behaviors in the Toward Competency Guide.*

Evaluation: Goals in the Toward Competency Guide will be evaluated on a pre-posttest basis.

Results: Table 1 shows that 100% of the EMR students enrolled in the area education center for the handicapped demonstrated gains in the selected behaviors contained in the Toward Competency Guide. Gains were reported on the number of items from the Toward Competency Guide the student attained from pretest to posttest. Each criteria was selected by the EMR teachers according to individual student need.

Third Party Evaluator's Comments:

The evaluation of the specific project objectives indicates the project objectives were met.

Those data submitted by the project staff for objective 1 report a mean gain for nine TMR students of 5.1 percent. This gain made by these students is considered to be average in the State of Oregon for the 1975-76 school year.

Those data reported in Table 1 are the results of prioritized and selected behaviors for each student enrolled in the EMR program. The two main areas selected by the project staff for most of the students were basic skills and personal and social awareness.

The project staff exceeds the objective as 100% of the students enrolled in the EMR program made gains on the Toward Competency Guide posttest. The staff is to be commended for conducting a successful program.

Table 1

Toward Competency
Pre—Posttest for Educable Mentally Retarded Students

N=12

Student #	Age	No. Months in Program	BASIC SKILLS		[illegible]		[illegible]		CAREER EDUCATION		[illegible]		[illegible]	
			Possible Items	*Criteria Level Attained	[illegible]	[illegible]	[illegible]	*Criteria Level Attained	Possible Items	*Criteria Level Attained	Possible Items	*Criteria Level Attained	[illegible]	*Criteria Level Attained
[illegible]	[illegible]		351	15/18	[illegible]	[illegible]	[illegible]	[illegible]	120		140	[illegible]	[illegible]	[illegible]
2	[illegible]		351	[illegible]	[illegible]	[illegible]	[illegible]		120		[illegible]		[illegible]	
3	[illegible]	[illegible]	351	[illegible]	[illegible]	[illegible]		[illegible]	120	[illegible]	140	[illegible]	[illegible]	
	[illegible]	[illegible]	351	[illegible]	[illegible]	[illegible]		[illegible]	120		140	[illegible]	[illegible]	[illegible]
5	[illegible]	9	351	12/15	[illegible]	[illegible]	[illegible]	[illegible]	120	[illegible]	140	[illegible]	[illegible]	
6	[illegible]	[illegible]	351	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	120	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
7	17	9	351	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	120		140	[illegible]	[illegible]	
8	[illegible]	9	351	5/9	125	[illegible]	[illegible]	5/10	120	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	9	351	7/7	125	[illegible]	[illegible]	6/10	120	[illegible]	140	1/1	[illegible]	[illegible]
10	17	9	351	1/4	125	[illegible]	[illegible]	11/15	[illegible]	[illegible]	[illegible]	2/2	[illegible]	
11	13	9	351	12/15	[illegible]	[illegible]	[illegible]	[illegible]	120	[illegible]	[illegible]	2/2	[illegible]	[illegible]
12	[illegible]	[illegible]	351	5/7	[illegible]	[illegible]	[illegible]	[illegible]	120		[illegible]		[illegible]	

Title of Project: *Prescriptive Classroom for Learning Disabilities*

Location of Project: *Beaverton School District 48, Highland Park Intermediate School*

Population Served: *29 Learning Disabled Intermediate Students*

Funding Allocated: *$23,498*

Project Beginning Date: *August 1, 1975*

Project Ending Date: *June 30, 1976*

Background and Rationale:

The Prescriptive Classroom for Learning Disabilities in the Beaverton School District 48 was undertaken to provide: (1) a process for identification; (2) a specialized staff; (3) an organized program; and (4) instruction for the specific needs and disabilities of learning disabled students at the intermediate level. Historically, primary level students with learning disabilities were served through a comprehensive extreme learning problems program. However, intermediate level students received little or no specialist help. Programs to diagnose and instruct to the needs of handicapped students with specific learning and skill acquisition difficulties were non-existent. Further, continuous evaluation procedures were not utilized to determine the students' success or failure in learning. In short, the intermediate level did not have a staff, program, or process for identifying and instructing learning disabled students. These students were forced to cope with a program ill suited to their needs and without alternative supportive services from the school.

The prescriptive classroom project was designed to provide for the neglected needs of the intermediate learning disabled student. Specifically, the program was intended to provide: diagnostic/evaluation procedures to diagnose and evaluate students with specific learning disabilities; (2) prescriptive programs with individualized instruction so each student could work at his own level; (3) tutor programs for instructing students under the supervision of the teacher and instructional aide; and (4) in-service training for mainstreaming in order to establish an effective integration program for the learning disabled student.

Methodology:

The project began with an in-service program, referrals and initial screening of students at Highland Park Intermediate School in the spring of 1975. In September the prescriptive classroom teacher and instructional aide were hired to: (1) continue the screening process; (2) set up the classroom; (3) order necessary materials and supplies; (4) do the specific skills assessment; (5) schedule students into the prescriptive classroom; (6) prescribe programs for the students; and (7) begin instruction.

Student selection for inclusion in the project was based on a diagnostic evaluation of the student's specific disability. The school psychologist, classroom teacher, prescriptive teacher, and outside professionals conducted the student evaluations.

The procedure for placement of students into the program was dependent on parent/student response, academic evaluation and psychological evaluation. The Peabody Individual Achievement Test was administered as the initial academic evaluation. If the students scored three or more grade levels below grade placement in two or more of the four academic areas on the test, they were considered for placement. Potential students for project enrollment were then observed in their classrooms. Parents and students were informed of the prescriptive program and consent for evaluation by the psychologist was obtained. The psychologist who was responsible for the psychometric and disability evaluation used a combination of tests such as the Developmental Test of Visual Motor Integration, Wechsler Intelligence Scale for Children, and the Harris Test of Laterality. If the psychological criteria were met, the student was scheduled into the classroom.

The first students were accepted into the program on September 15, 1975. When students were placed into the program, specific skills were assessed using a side range of formal and informal instruments. Included among the assessment instruments were the Key Math Diagnostic Arithmetic Test, informal reading inventories, and the Woodcock Reading Test. Following skills assessment, intensive programming and one to one instruction by the classroom teacher, instructional aide and tutors were initiated during from one to three periods each day. Tutors from local high schools and Portland State University were trained in the materials, and recording keeping techniques used in the classroom. Further, as tutors began teaching they were supervised by the prescriptive classroom teacher and instructional aide. Complete records were kept of tests administered, prescriptions written, daily activities, charting, and conferences held. Students contracted with project staff to develop specific academic skills. Points earned each day through contract completion were accumulated and exchanged for a period during which students had a choice of activities such as listening to records or playing games. Constant communication and personal contact between the Title VI staff and the students, regular classroom teachers, administrators and parents were an integral part of the program.

Objectives:

1. *Each student will be diagnosed for his/her specific learning disability and evaluation for skill levels.*

Evaluation: The total number of children screened will be recorded. A record will be kept on each child placed in the program and this record will contain the following: the test used and the results of that test will be recorded; the program placement of each child based on these test results will be reported, and each selected child will receive instruction in specified areas and will be recorded.

Results: Using flow charting procedures a total of 143 students were referred and screened for possible inclusion in the Title VI project. The Peabody Individual Achievement Test was administered as the initial academic screening test to each of the students.

Sixty (60) students scored three or more grade levels below grade placement in two or more of the academic areas (math, reading recognition, reading comprehension, or spelling).

Twenty-six (26) of the sixty (60) students who met the academic criterion for inclusion in the program were not considered for placement because of parent/student disinterest or the student did not meet the established psychological criterion. Consequently, a total of 29 students were placed in the program.

The project enrollment that received instruction during the 1975-76 school year included 11 ninth graders, 10 seventh graders, and 9 eighth graders. A maximum of 25 students were enrolled in the program at one time. At the end of the academic year, five students were still on the waiting list for placement in the program.

Initial test results showed that 23 students had scored three or more grade levels below grade placement in reading, spelling and math, and one child had scored three or more grade levels below grade placement in math and spelling. Each child was provided prescriptive individualized instruction in curricular areas in which he/she had exhibited at least three years academic deficits.

2. *The student will receive instruction in selected areas: writing, math, reading, and spelling.*

Evaluation: A formal achievement test as a pre post program evaluation for each student, to be administered to each student upon entry and again upon exit from the program. A continuous progress evaluation system to document the academic programs for each student in selected areas from reading, hand writing, spelling and/or math, and to document each student's academic growth relative to specific objectives selected for that student's academic program will be completed.

Results: Twenty-three (23) students received individual tutorial help in reading and spelling, five students received individual help in reading, spelling and math, and one student received help in math and spelling. Eight of the 29 students received instruction in handwriting.

The Peabody Individual Achievement Test, Key Math Diagnostic Arithmetic Test, and Woodcock Reading Mastery Test were administered as pre and posttests to evaluate growth made in the areas in which the student received tutorial help. The average Peabody Picture Vocabulary Test grade level scores were: Math pretest 4.3, posttest 5.75; Reading Recognition pretest 4.13; posttest 5.50; Reading Comp pretest 4.13, posttest 6.60; Spelling pretest 4.10, posttest 5.36. The mean gain across the four subtests of the PPVT was 1.64 grade levels.

On the Key Math Diagnostic Arithmetic Test, average grade level scores were: pretest 4.24 and posttest 5.32. The Woodcock Reading Test average grade level scores were: Word Identification pretest 3.87, posttest 5.01; Word Attack pretest 3.58, posttest 5.67; Word Comp pretest 3.93, posttest 6.58; Passage Comp pretest 4.25, posttest 6.51. The mean gain across all tests was 1.63 grade levels.

In addition, student prescriptions, daily activity records, charts and graphs showing progress and year end reports to parents and students were maintained for all students during the time they were in the program.

Student prescriptions, daily activity records, charts and graphs showing progress, and year end reports to parents and students were maintained on all 29 students during the time they were in the program.

3. *To reduce the number of deviant behaviors for selected children in the regular classroom.*

Evaluation: Pinpoint the behavior, collect baseline data on that behavior, design intervention strategies, the criterion level of acceptable behavior will be set by the resource teacher and the classroom teacher. Two ten minute observations per week will be conducted by one of the staff members to monitor the maintenance of the behavior.

Results: Three seventh grade students participated in reducing the number of their deviant behaviors. Two were in two programs resulting in a total of five behavior modification programs. Seven observations were held with continuous data collecting 49 times on the five programs. All five programs were carried to successful completion with the student receiving his/her award for the desired behavior.

For example, for one student, baseline data indicated that talk-outs (6 every 10 minutes) were a behavioral problem warranting a program. A program was designed which if talking-out was restricted to less than five for a class period, the student would be allowed free time with a peer. In 16 days, talk-outs were recorded only 8 times, six one day and two another. Both of these incidences occurred in the first week of the program.

4. *To increase the amount of time the child will spend in the regular classroom.*

Evaluation: A record will be kept showing the length of time that a child is in the resource classroom and in the regular classroom.

Results: Fourteen classroom teachers had students in the Title VI prescriptive classroom. The 29 students in the program were scheduled into the prescriptive classroom during the period(s) in which they were meeting the most failure as defined by test results in academic skills (e.g., an extremely low score in reading would result in leaving the language arts class). Students were scheduled up to three periods of their seven period day in the resource room; the remaining periods were spent in their regular classrooms. Conferences were held with the prescriptive classroom teacher and regular classroom teacher to discuss the students' progress. All grades were issued by the regular classroom teacher.

Before a student was returned to the regular classroom on a full time basis, that students' progress in the prescriptive program was reviewed by the classroom teacher, Title VI staff, student and periodically the child's parents. However, before the student was returned to the classroom concensus had to be obtained among the conferring individuals. Table 1 shows the number of periods in which each student was enrolled in the program and the number of periods that child spent in the resource room. Prescriptive program students spent an average of 126 periods at school with 100 of them in the resource room. Average periods spent in regular class for these students was 26 days.

TABLE 1

Time in Title VI and Classroom

Student	Scheduled Total Periods	Scheduled Total Periods Receiving Help Title VI	Total Periods in Classroom	Extra Periods Receiving Resource Title VI Help
1	170	166	4	-
2	128	127	1	-
3	41	41	-	-
4	89	87	2	-
5	52	52	-	-
6	35	35	-	-
7	182	182	-	-
8	163	136	27	3
9	214	132	82	4
10	296	196	100	-
11	120	116	4	3
12	139	139	-	-
13	91	91	-	-
14	137	3	-	1
15	168	168	-	7
16	135	76	49	2
17	143	95	48	-
18	37	37	-	-
19	122	93	29	-
20	137	136	1	-
21	164	160	4	2
22	164	121	43	-
23	175	134	41	-
24	128	91	37	-
25	57	57	-	-
26	145	59	86	-
27	73	30	3	-
28	44	44	-	-
29	102	102	-	-
$\overline{X}$	125.9	100.21	25.69	

Third Party Evaluator's Comments:

The prescriptive program met each of its established objectives and conducted the evaluation plans as agreed upon. The project provided direct prescriptive services to 29 learning disabled children at a per capita cost of $810 per child. Considering the total number of children referred and screened (143), per capita costs were reduced to $164 per child. The gains shown by Objective 2 appear substantial with mean averages of 1.64 for the PPVT and 1.63 for the Woodcock Reading Test. From these data it is apparent that the services provided by this project were worthy of the Title VI dollars expended. The project staff deserve to be complimented for providing this service.

Title of Project: *Normalizing Education for the Handicapped*

Location of Project: *Central School District 13J, Independence*

Population Served: *45 Emotionally Disturbed*

Funding Allocated: *$28,600*

Project Beginning Date: *July 1, 1975*

Project Ending Date: *June 30, 1976*

Background and Rationale:

This project was a continuation of one begun during the 1974-75 school year which was funded through Title VI-B. Additional time was needed to complete the development of a model that could be used by the district to maintain the educational progress of emotionally disturbed children within the regular classrooms. This model provided the following support services: teacher inservice, crisis intervention, prescriptive remedial techniques and parental involvement. It was intended that the model would become an integral part of the district's educational program.

Methodology:

Children were referred to the project by teachers in four elementary schools. Their requests for help included an observation of a child's behavior in the classroom, educational diagnosis, intervention strategies, and informal discussion of a child's problems.

Before children were admitted to the project morning classroom, a contract was developed between the classroom teacher and the project teacher. This contract specified: the child behaviors of concern, the criteria for re-entry full time in the regular classroom, the extent to which the classroom teacher would participate in conferences and inservice training. Parents were contacted to gain consent for their child's participation and their commitment to participate in conferences, group meetings, or parent/family counseling sessions.

The project classroom served ten children during the academic year. These children were served by a teacher and a teacher aide. The major focus of the classroom was to reduce or eliminate inappropriate social behaviors and to increase academic skills in reading and math.

The project classroom was highly structured and incorporated a token economy to support a diagnostic-prescriptive educational program. Free time for points earned was the reinforcer. A weekly reward was given if four of the five daily points cards, showing a parent's signature, were returned the next morning. This allowed the child to accept some responsibility for facilitating daily communication between school and home. Parents agreed to reinforce with verbal praise and participation with their child in specified activities. The counseling component included play-interaction groups and daily group meetings incorporating the guidelines of Glasser, Dreikurs, and Ellis's *Rational Emotive Education*.

A primary concern was to increase service to parents and increase parent involvement in the classroom activities. The resource teacher took a class in family counseling and participated in an on-going family therapy workshop. Consultation and direct services were also available from a psychiatric social worker employed by the district in November.

Objectives:

1. *To increase the academic skills of those children in the resource room.*

Evaluation: Key Math and Woodcock Mastery will be utilized and the results will be reported.

Results: Table 1 shows the grade equivalent scores achieved on the pre and posttest administrations of the Woodcock Reading Mastery Tests and the Key Math Diagnostic Arithmetic Test. All students in the morning program showed an increase in academic skills with the exception of Student G who showed no gain in arithmetic skills during the month he attended.

Table 1

Academic Achievement Test Scores

Student	Date Entered Program	Duration in Months	Woodcock Reading Mastery Pre	Post	Gain (mo.)	Key Math Diagnostic Pre	Post	Gain
A	10-27	6½	2.5	3.4	9	2.9	3.6	7½
B	3-29	2	2.6	2.8	2	3.3	3.5	2
C	11-3	6½	2.3	3.1	8	3.0	3.6	6
D	11-14	6½	3.0	4.3	15	4.0	4.4	4
E	10-30	6	2.9	3.4	5	4.9	5.6	7
F	11-4	4	4.0	5.2	14	3.1	3.9	8
G	4-19	1	2.9	3.1	2	2.6	2.6	0
H	4-19	1½	2.0	2.3	3	2.8	3.1	3
I	10-6	6	4.0	4.8	8	4.5	4.8	3
J*	10-6	½	2.9	3.4	5	3.1	3.7	6

*This student was in the program 2½ weeks and transferred out of the district. He returned to the district and was given the posttest at the end of the year.

2. *To reduce the number of deviant behaviors in those children served by the resource classroom.*

Evaluation: A pre—posttest on the Walker Behavioral Checklist will be administered. In addition, baseline data will be collected on specific behavior problems. Intervention strategy will be designed and probe data for the maintenance of those specific behaviors will be collected.

Results: Table 2 gives the T scores on pre—and posttest Walker Behavior Checklist done by the classroom teachers. It is noted that the total score decreased for each child. The scores for students B and F decreased in Withdrawal and Immaturity but increased in Acting-Out behaviors. Student E's score shift in Disturbed Peer Relations to Withdrawal may reflect the effort made to teach him to stay out of problem situations.

Table 3 shows data for on task behaviors. The mean on task behavior showed baseline of 45.2% prior to admittance to the program, 72.6% in the morning classroom, and 72.9% in the regular classroom the last two weeks of school.

Contracts defining the behaviors to be changed, baseline data and the criterion level for re-entry full time to the regular classroom were written for each student. The following are samples of data on students.

Student A	Baseline	Criterion	Post-Data
1. Negative peer interactions on noon playground (kicking and shoving).	16/20″	2/20″	0/20″
2. On-task in classroom	63%	85%	77%

Table 2
Walker Problem Behavior Identification Checklist
(Teaching Rating Scale)
T Scores

Student		Acting Out	Withdrawal	Distractability	Disturbed Peer Relations	Immaturity	Total Score
A	Pre	89	—	63	63	—	71
	Post	49	—	—	—	—	41
B	Pre	49	89	55	88	86	75
	Post	64	63	63	56	69	67
C	Pre	90	50	69	97	79	90
	Post	57	—	45	—	63	49
D	Pre	84	—	63	63	—	69
	Post	78	—	55	56	69	65
E	Pre	72	63	75	60	—	72
	Post	70	76	60	—	58	69
F	Pre	59	70	69	60	75	71
	Post	66	57	66	60	—	64
G	Pre	70	—	75	56	91	72
	Post	61	—	63	50	69	59
H	Pre	92	57	75	84	69	89
	Post	66	—	66	—	51	58
I	Pre	Lost	—	—	—	—	90
	Post	84	—	69	97	86	85
J*	Pre	64	50	72	74	79	72
	Post	—	—	58	—	—	44

*Pre and posttest checklists were completed by different teachers since the children had changed classrooms

Table 3
Student Performance Summary

Student	Time in a.m. room		% On-task Behavior					Disposition
	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
A	10/27	6¾	63	73.9	+10.9	77	+14	full time in regular class
B	3/20	2	43.1	62.9	+19.8	62.8	+19.7	follow-up next year
C	11/3	6¾	31.4	79.6	+48.2	78.3	+46.9	full time in regular class
D	11/14	6¾	56.7	77.1	+20.4	72.2	+15.5	follow-up next year
E	10/30	6	48	70.6	+22.6	46.3	−1.7	left program requested CSD help
F	11/4	4	52	70.2	+18.2	65.8	+13.8	parents removed from the program
G	4/19	1	63.4	82.2	+18.8	81.2	+17.8	follow-up next year
H	4/19	1½	54.6	55.1	+ .5	*84.6	+30	follow-up next year
I	10/6	6	18.5	69.8	+51.3			left this state
J	10/6	½	21.7	84.3	+63.1	87.8	+66.1	full time in regular class

*It was apparent this student knew data was being taken and worked much more diligently than was usually observed.

Student D	Baseline	Criterion	Post-Data
1. Yells out in classroom during instruction.	18/15"	3/15"	56/15"
2. On-task in the classroom	56.7%	85%	72.2%

The criterion level of 85% had been set for on-task behavior. It was apparent that this had not maintained in the regular classroom and yet the teachers were pleased with the student's behavior at the time the post-data was being taken.

3. *To increase the parental involvement in school activities concerning their children.*

Evaluation: A record of parental contacts and attendance at meetings and visits to the class will be kept on a regular basis and reported.

Results: Attempts were made with six families to institute a behavioral program at home. The mothers of three students collected some baseline data but then reported that the behaviors had ceased. Four parent-couples participated in a parent education series in the fall; three represented students from last year's program while only one was currently attending the morning classroom.

Six of the students came from single parent homes and it seemed necessary to meet these parents individually in order to keep them involved. Two of the women's work schedules made individual sessions necessary, but the others had multiple problems best suited to individual counseling or else were threatened by participation in a group.

Extensive efforts were made in training the resource teacher in family counseling and making the services of a social worker available. However, they were used extensively only by six of this year's families. Considerable service was provided as follow-up to one family (D) from last year's program. The family interaction crisis centered around the behavior of a junior high age brother. Continued services were provided during the adjustment period after brother left home to live with relatives in another city.

Table 4 shows the number of parent contacts, direct contacts by the social worker and types of services provided.

Third Party Evaluator's Comments:

Objective 1 was to increase the reading and math skills of students. Table 1 would indicate all students evaluated did show gain with the exception of Student G who was in the program for one month and showed no gain in math. It should also be noted that all students demonstrated more grade equivalency gain in months than time spent in the program for at least one of the curriculum areas. With regard to Objective 2 which focused on the reduction and elimination of behavior problems, it appears that this objective has been met. Data from the Walker Behavior Problem Checklist indicates that teacher attitude about the students improved. T scores were less in all instances on the posttest. The increase in on-task behavior for all students is also significant. Baseline for all students was a mean of 45.2%. Similar data taken on students during the last two weeks of school demonstrated 72.6% on task in the special class and 72.9% in the regular class. This represents a mean gain of 27.4%.

Data taken on a log also indicates that the project staff made concerted effort to involve parents in the process.

The project staff is to be commended for their professional efforts in making this a successful project. Recommendations for the future are to get classroom teachers to measure behavioral change through observation and data collection as opposed to pre—posttest measures on the Walker Checklist. Continued efforts should be made to get parents to run prescriptive programs in the home.

Table 4

Parent Contacts Summary

Student '76	Parent Contacts	Social Worker Contacts (MSW)	Type of Services
A	11	1	conferences, class visit 1 parent meeting
B	9	4	conferences, staffing on B
C	27	2	conferences, family therapy
D	*12	*14	conferences, parent counseling
E	16	4	conferences, parent counseling
F	19	2	conferences, 1 parent meeting
G	3	4	conferences
H	6	-	conferences
I	24	2	conferences, parent meetings 1 family group
J	2	-	conferences
follow-up of last year's students:			
B	3	-	conference, 2 parent meetings
D	40	15	parent counseling, family therapy
F	5	3	conferences, parent meetings
J	12	14	joint services to brother-sister

Title of Project:	*Child Neurology Clinic*
Location of Project:	*2170 Northwest Northrup, Portland, Oregon*
Population Served:	*92 Neurologically Handicapped Children*
Funding Allocated:	*$15,700*
Project Beginning Date:	*September 1, 1975*
Project Ending Date:	*June 5, 1976*

Background and Rationale:

The Child Neurology Clinic at Good Samaritan Hospital and Medical Center has been in operation for over five years. This program has brought attention to the needs exhibited by neurologically and otherwise multiply handicapped children throughout the State of Oregon.

The diagnosis and evaluation component assists the teachers in making appropriate referrals and educational placements. The medical component provides each child with appropriate medical attention and medication management.

Methodology:

Infant and Toddler Program: The infant educator initiated a program designed to meet the individual needs of children with epilepsy and other neurological handicaps ranging in age from birth to age three. The parents actively participated in the design and implementation of their child's major classroom programs.

Upon entrance, the educator assessed each child utilizing standardized developmental test scales. In the spring, these same tests were administered in order to obtain an objective evaluation of growth and development. Programs focused mainly in the areas of motor development, cognitive development, language development, and promoting self-sufficiency skills.

The educator solicited the services of a physical therapist from the hospital complex to design programs for those children that had abnormal muscle development. A team was formed between the therapist, parent and educator to work with each child. A special room was used by the therapist to provide direct treatment and demonstrate to the parent activities to be continued at home. The child then returned to the main infant toddler room after each therapy session to become involved in classroom activities. The therapist utilized classroom time to demonstrate for the educator activities that would facilitate normal movement patterns in each child. In addition, a one way mirror was used by the therapist for general observation and continued assessment and monitoring of parent/educator/child activities.

Daily progress charts and records were visible and accessible to parents, volunteers and the educator. The educator was responsible for supplying each set of parents with enrichment materials and activities relative to the particular needs of their child. The educator served as a model during classroom hours via continuous observation by parents of their child through the one way mirror. Time was allotted at the end of each class period for parent/educator interaction.

The educator was continuously searching for new early preschool programs and served as a liaison between the clinic and community programs. There were four vital points to be considered when a child was ready to evolve into a community program: (1) appropriateness of the placement; (2) location; (3) costs to parents; and (4) whether the preschool would accept neurologically impaired children.

The educator visited a prospective facility prior to placement or visited the preschool after enrollment upon request of the parent to assure appropriate placements and the continued progress.

Preschool Program: The preschool educator initiated a program designed to meet the individual needs of children with epilepsy and other neurological handicaps ranging in age from three to six years old.

Prior to entrance in the classroom, the educator assessed each child utilizing one or a combination of standardized developmental test scales, a standardized test for measuring verbal intelligence, and a preschool screening device. In addition to the above, careful attention was given to directed observation of the child and a parent/child interaction. These assessments were used as a pretest component to the classroom; when the child left the program posttesting was done utilizing the same instruments that were used in the pretesting assessment. Based on data from the pretest assessment, parental concerns, and directed observation, individual intervention programs were designed. These programs collected baseline data, specified criterion levels of acceptable behavior and interim data was obtained on each program for each child. Programs addressed the areas of motor development, language development, and self-help. Programs centering around behavior management were written when there was a need.

The educator provided each parent with opportunities to become involved in intervention programs, directed observations, and direct involvement in the classroom. The educator also provided environment materials to parents.

The educator was responsible for placing a child in a community based program when it was appropriate for that child to leave the Child Neurology Clinic Preschool program. The educator assumed the responsibility of keeping an up-to-date directory of community services that would meet the needs of the population being served in the preschool.

School Age Component: The school aged educational specialist initiated a program designed to meet the individual needs of children with epilepsy, and other neurological handicaps ranging in age from six to eighteen years old.

The primary service performed by this specialist was diagnostic evaluation in the areas of development, academics, and vocational skills. This population was contingent upon parent, physician and/or school referral or all three. Standardized and personal assessments were made with each youngster to determine his level of functioning. This information was made available to schools through school conferences, parents through parent conferences, and to other professionals involved in the referral, or those requested by the parents. In the event a youngster needed follow-along services in his academic placement, this specialist was available to perform such services. The main thrust of such intervention would entail reinforcement for the child and his/her teachers in coordinating professional efforts in hopes of enhancing the youngster's placement. Such services were generally performed upon request by the child's parents, or professionals working with the youngster.

Objectives:

Title VI funds at the Child Neurology Clinic, supported three separate components each of which needed objectives and evaluation strategies unique to that component. The three components were composed of an infant and toddler program, a preschool program, and a school age component.

Objectives and evaluation strategies were as follows:

Infant and Toddler Program

1. *To increase self-help, language and motor skills in the developmentally disabled children.*

Evaluation: The Portage model was used and ongoing data were collected in regards to the three areas specified. In addition, the Vineland, Denver, CCD Progress Scale, or the Verbal Language Development Scale were used on a pre- posttest basis. The determination of which test to use depended on individual child requirements. One or a combination of these measurements were used.

Results: A total of seven children and their mothers or foster mothers participated in the infant toddler classroom. Four of the children were placed in appropriate programs, three were returning to the infant program in the fall of 1976.

Table 1 depicts the total number of new behaviors completed in the five developmental areas of the Portage Project Checklist. Total new behaviors completed for seven children were 644 for approximately 92 children.

Table 1

Total Number of New Behaviors Completed in the Five Areas of the Portage Project Checklist

Child	Completed	Non-Completed Ongoing
1	54	20
2	109	31
3	98	18
4	119	33
5	128	37
6	54	12
7	82	15
Total	644	166
$\bar{x}$	92	23.71

In addition, the Denver Developmental Profile was completed for each child in the class. Results are shown in Table 2. Over five curricular area skills gained per month equalled 320, approximately 9.14 skills per child per month.

2. *To reduce or eliminate behavior problems as they occur in the developmentally disabled child.*

Table 2

Denver Developmental Pre Post Data for Seven Children in the Infant and Child Program

Component	Pre	Post	Gain/Mth	Average Gain Per Child Months
Social	91	133	42	6
Gross Motor	47	159	112	16
Fine Motor	71	129	58	8.29
Language	71	126	55	7.87
Self-Efficiency	81	134	53	7.57
TOTAL	361	681	320	
AVERAGE	51.57	97.29	9.14	

Evaluation: For each child whose behavior warranted a program, deviant behaviors were pinpointed. Baseline information was obtained on the frequency of their occurrence, treatment strategies were designed, and periodic probes were made on the frequency of occurrence until the behavior was reduced to an acceptable criterion level of performance. These data were available for review by the evaluator during his on-site visits.

Results: The seven children involved in this project did not warrant behavior programs during this project year. Prior to the project start date, project staff had indicated to SDE and the TPE that behavior problems did not currently exist with the children in these programs. It was decided by all three projects that this objective would be part of the evaluation, but results would be reported only if behavior problems occurred which warranted treatment. This did not occur, therefore, data were not reported.

Preschool Program

1. *To increase self-help, language and motor skills in developmentally disabled children.*

Evaluation: The Teaching Research Curriculum was used and ongoing data were available in the areas of self-help, language, and motor skills. In addition, the Vineland, CCD Progress Scale, Denver Developmental Screening Test, Peabody Picture Vocabulary Test, or the Daberon Test were used on a pre- posttest basis. The determination as to which tests to use depended on individual child requirements. One or a combination of these measurements were used.

Results: A total of seven children participated in the diagnostic preschool. Two of the children were in the program for less than two months. All of the seven children were placed in community based programs for the fall of 1976.

Table 3 shows pre- posttest data for the seven children on appropriate test instruments. Except for children 1-6 gains are shown for each child tested.

Table 4 shows the number of programs completed or ongoing in four skills for these same seven children. A total of 86 programs were initiated throughout the school year; 43 were completed and 43 are still ongoing.

2. *To reduce or eliminate behavior problems as they occur in developmentally disabled children.*

Evaluation: For each child whose behavior warrants a program, deviant behaviors were pinpointed. Baseline information was obtained on the frequency of their occurrence, treatment strategies were designed, and periodic probes were taken on the frequency of occurrence until the behavior was reduced to an acceptable criterion level of performance. These data were available for review by the evaluator during his on-site visit.

Results: The seven children involved in this project did not warrant behavior programs during this project year. Prior to the project start date, project staff had indicated to the State Department of Education and the Third Party Evaluator that behavior problems did not current exist with the children in these programs. It was decided by all three projects, that this objective would be part of the evaluation, but results would be reported only if behavior problems occurred which warranted treatment. This did not occur, therefore, data were not reported

School Age Component

1. *To screen 90 neurologically impaired children between the ages of 6 and 18 by June 1976.*

Evaluation: A list of the number of children between the ages of 6 and 18 years of age that have been screened were maintained. The results from screenin were recorded and available for review.

Results: The school age program screened 136 children with suspected or known neurological impairments between the ages of 6 and 18 prior to June 1976. Of these, 78 children were tested. The screening devices employed were recorded and available for review. They included the crippled children development checklist, Vineland Social Maturity Index, Individual Phonetics Survey, Gilmore Reading Test, and WRAT.

Table 3

Pre Posttest Results for Each Child in the Program

RESULTS	Tests Administered	Pretest-Date	Posttest-Date
Child 1	Boyd Scale	9/22/75 Motor—2.5 years Communication—18 mos Self Help—18 mos	Relocated could not posttest
	Peabody P.V.T.	Mental Age 2.1	
Child 2	Boyd Scale	9/12/76 Motor—2.5 years Communication—2.3 years Self Help—1.11 years	4/9/76 Motor—3 years Communication—3 years Self Help—3 years
	Peabody P.V.T.	Mental Age 2.4	Mental Age 3.1
Child 3	Daberon	10/21/75 84/124 items	5/3/76 114/124 items
Child 4	Daberon	3/1/76 53/124	6/3/76 95/124
Child 5	Boyd Scale	11/14/75 Motor—18 mos Communication—18 mos Self Help—18 mos.	6/4/76 Motor—24 mos Communication—24 mos. Self Help—24 mos
Child 6	Boyd Scale	10/17/75 Motor—18 mos Communication—24 mos Self Help—18 mos	4/28/76 Motor—12 mos Communication—12 mos Self Help—18 mos
Child 7	Boyd Scale	9/17/7o Motor—3 years Communication—4 years Self-Help-4 years	6/4/76 Motor—6 years Communiation—6 years Self Help—6 years
	[illegible]beron	86/124 items	112/124 items

Table 4

Summary of Programs Completed or On-Going in Four Skill Areas

Child	Fine Motor		Gross Motor		Language		Personal-Social		Total Programs	
	Comp	On Go	Comp	On Go	Comp	On Go	Comp	On Go	Comp	On Go
1	-	1	1	-	1	2	-	1	2	4
2	1	1	3	2	3	2	2	3	9	7
3	7	3	3	-	5	2	2	-	17	5
4	1	1	1	6	-	2	2	-	4	9
5	1	2	1	-	2	2	2	1	6	5
6	-	-	-	3	-	-	-	2	0	5
7	-	1	2	3	-	4	3	-	5	8
TOTAL	10	9	11	14	11	14	11	7	43	43

2. *To appropriately place the neurologically impaired child in an educational setting (private or public).*

Evaluation: A record of the placement of each child was kept. This record included the date and location by county of each child placed.

Results: A total of 26 children with suspected or known neurological impairments were placed either in public or private institutions. The location of county, date of placement, was recorded. All children were placed in Multnomah, Washington or Clackamas Counties.

3. *To provide follow-along services to neurologically impaired children ages six through 18, who have been given a diagnostic evaluation by the educational specialist of the Child Neurology Clinic.*

Evaluation: The average number of on-site visits conducted per client will be reported. The project will also supply an anecdotal statement in regards to the type of follow-along services provided to the community program.

Results: The average number of on-site visits conducted per client was maintained. The project also maintained anecdotal records of the type of follow-along services provided to the community program. A total of 44 follow-along visits (observation-consultation) were reported. These 44 visits were provided as direct service for 23 children. In addition, 25 classroom observations were performed as a part of the diagnostic evaluation which was separate from follow-along visits.

Third Party Evaluator's Comments:

Each component of this project was completed as specified in the objectives. Those who read their section carefully will note that for the infant and toddler program and the preschool program, an objective was specified for dealing with behavior problem children but data were not provided for this objective. It was agreed that this project would not be required to show behavior program data if they found no need to deal with specific behavior problems during the course of the year. This was in fact the case. Consequently, no data were reported.

For the school age program, all the data required were collected. Space prohibited us from including it since its relevancy to readers would be slight.

Each project component appears to have completed their tasks and the evaluator wishes to thank them for their cooperation and the timely submission of these data.

Title of Project: *Clatsop County Learning Disabilities Center*

Location of Project: *Clatsop County IED, Astoria*

Population Served: *80 Learning Disabled Students*

Funding Allocated: *$21,000*

Project Beginning Date: *July 1, 1975*

Project Ending Date: *June 30, 1976*

Background and Rationale:

The special education programs for Clatsop County are operated by the Intermediate Education District. One of the major weaknesses of the program was the referral and evaluation process for learning disabled children as well as other handicaps. Children were referred for the special education services by the classroom teachers and building principals of the six school districts of this county. In many cases more thorough diagnosis and prescription was desired, however, these services were not available. The location of existing diagnostic facilities in the metropolitan areas were not readily available so development of local diagnostic services was needed.

Methodology:

To initiate this program, a full time coordinator was hired in the fall of 1975. In the selection of the coordinator, the following criteria was established: valid teaching certificate, and past experience in testing; past experience in diagnostic and prescriptive instruction in basic skills.

Information about the services to be conducted was initially provided to all participating school districts by the program director and coordinator. This information was also provided to various other agencies serving children in the county. Awareness of the project was continued throughout the project year through attendance at regular staffings of schools and agencies by the coordinator and director.

The first information supplied to the schools and agencies was the referral procedure to be used: all referrals were to be made to the Project director or coordinator; referrals from schools could be made by counselor(s), ELP teachers and/or the office of the administration of that school; Parent(s) approval of a referral was secured by the school which the student attended.

After referrals were made, the coordinator gathered background information and initiated other needed activities for study and review, e.g., conferring with involved teachers, principals and/or counselors and/or testing.

The information gathered was used to provide teachers and districts with results from testing, "reading" diagnostic information, information prescribing to meet the identified gaps. In addition, assistance was given in initiating psychological consultation to several districts which had not previously experienced this service.

While the proposed emphasis of the project was directed toward children with learning disabilities, children with other handicapping conditions, discovered through the referral and evaluation process, were directed to appropriate programs.

Objectives:

1. *By June 1976, 80 learning disabled children will have received extensive psychometric, education- [illegible] speech, language and hearing evaluations; [illegible] evaluations will be provided as indicated; to be [illegible] within a month of referral.*

Evaluation: A record of the number of referred learning disabled children evaluated will be kept. A record of the scheduled evaluations will be kept. A record of the completed evaluations will be kept on file in the support services office.

Results: As of June 11, 1976, 111 students had been referred to the project: (a) 72% of those students were educationally evaluated; some type of educational evaluation was received by all referrals; (b) 37% were provided various services in Mental Health Clinics; (c) 1% were provided medical evaluation. It should be noted that 96% of the evaluations were completed within one month of the referral. Thirteen students withdrew and/or moved and were not included.

2. *By June 1976, 50 learning disabled children will be given prescribed instructional programs based upon their specific learning modality within two weeks following the evaluation; materials will be specified. A prescribed instruction program will include a procedure to measure the program.*

Evaluation: A record of the prescribed instructional programs within two weeks of the evaluation will be kept. A record of the prescribed program specifying the methods and the materials will be kept.

Results: A record of the prescribed programs specifying the methods and the materials are on file. Records are also available for ten diagnostic-prescriptive programs which were developed and supervised (with all materials furnished) by the project coordinator. (All of these programs were initiated within two weeks of evaluation.)

In addition, there were 46 diagnostic feedbacks provided to teachers of various Title 1 projects, special education areas, and to regular classroom instructors. Programs were to be available within two weeks after evaluation date and records indicate that of the 46 feedbacks, 40 were provided within the time limit. The kinds of information provided included the specific "gaps" identified in the various tests administered.

3. *To provide conferences between the extreme learning problem specialist and the classroom teacher not less than once a month.*

Evaluation: A record will be kept covering the conference held by the center and/or the building extreme learning problem specialist with the teacher. A record will be kept covering the number of written reports sent to the parents, the learning disabled children, and a log covering the follow-up conferences will be kept.

Results: In the development of this program it was found to be impractical and quite impossible to meet with every classroom teacher involved with Title VI referrals. In schools with counselors and ELP teachers these staff provided most of the feedback to the regular classroom teacher. In those schools lacking these personnel, the project coordinator was able to meet with involved teachers. Further, it was found to be more practical for local school personnel to be involved with their parents during the referrals and services provided.

As stated previously, on file at the IED, under the supervision of the Program Director of Title VI are the records of every student referred. These written reports contain: date of referral; date(s) of specific service(s) provided; date(s) of follow-ups of conferences, staffing—a complete log.

4. *To increase the academic skills of the learning disabled children that have a prescribed program.*

Evaluation: A standardized test will be used on a pre—posttest basis and those data collected will be reported. The evaluation procedure found under Objective 2 will be used to measure the academic skills of the child in the prescribed program.

Results: The Gates-MacGinitie Reading Achivement Test was used to measure gains in prescribed reading programs for 44 children. For the 44 children tested a mean grade level gain of 1.19 is reported.

For math computation programs prescribed the Bobbs Merrill, the Wide Range Achievement Test and the Stanford Achievement Test were used as standardized measure of gain. A mean grade level gain of 1.43 is reported for the 18 children tested.

Third Party Evaluator's Comments:

As is sometimes experienced with new programs, the staff of this project had some initial difficulty in defining the scope and components of the services to be developed. They are to be commended, however, for the subsequent direction of service that was provided.

The role of the project coordinator was originally proposed as providing direct service relative to diagnosing and prescribing programs for all children referred. She soon discovered, however, that the numbers of children referred made the many activities associated with the original intent ineffective. She subsequently changed her role to assessing as many children as possible and facilitating the other activities necessary. In the evaluator's opinion, the results show this to be an appropriate revision of activities.

There is also evidence of this project providing services to a wider range of children than originally identified. As indicated by the data reported, the expansion of handicapped children served did not dilute the effectiveness of the project but rather increased it.

It is the evaluator's findings, based on visits and data provided that this project met the intent of the stated objectives.

Title of Project:	*Coos Regional Program for Hearing Impaired Students*
Location of Project:	*Coos and Western Douglas Counties*
Population Served:	*11 Deaf Students* *8 Hard of Hearing Students*
Funding Allocated:	*$22,000*
Project Beginning Date:	*August 18, 1975*
Project Ending Date:	*June 15, 1976*

Background and Rationale:

The Coos Regional Program for Hearing Impaired Students was established to meet the educational needs of the hearing impaired on a local basis. Title VI-B funds were used to provide for the services of a teacher of the deaf beginning with the school year 1973-74. The following school year, 1974-75, local funding provided for one teacher of the deaf. However, another teacher was needed to serve all students with serious hearing impairments. Title VI-B funds made the addition of a second trained specialist possible.

The purpose of this project was to improve the services provided to hearing impaired children through the continued team work of the two teachers of the deaf, one teacher was funded through Title VI-B and one was funded through local monies. In this way it was possible to maintain a continuity in the students' individual programs and to adequately meet their special educational needs.

The students in the Coos Program were involved in an integrated classroom environment. In such a setting the students needed to make full use of their residual hearing to operate successfully. To insure maximum use of the students' residual hearing there was a need for the services of a part-time Audiologist, as well as certain equipment to analyze the students' hearing aids. Title VI funds provided for these services and equipment and thus improved the students' use of appropriate amplification.

Methodology:

The program staff consisted of two itinerant teachers of the hearing impaired and the services of an Audiologist employed on a contractual basis. This program was administered by the Coos County IED. However, the teachers worked cooperatively with personnel from the seven local school districts, the Public Health Department, the Children's Services Division, the Vocational Rehabilitation Division and other local agencies, as well as with speech clinicians and parents.

During the 1975-76 school year, eighteen students were served by the two itinerant teachers. Two of these students were added to the teachers' caseloads halfway through the school year. Each of these students was seen from one hour to three hours per week depending on the child's age and need. In addition, a high school student volunteer contributed two hours per week, for half the year, to help one hard of hearing student from the Fiji Islands develop English language skills. The high school student volunteer was also from the Fiji Islands, and spoke fluent English. Another high school student, in a different district, volunteered his time to provide individual instruction to a deaf high school student in a Metal Clusters Shop class. A teacher-tutor was hired by one district to assist a junior high student with academic class assignments five hours per week, throughout the year.

The aural-oral teaching approach was dependent upon accurate information regarding students' hearing and use of amplification. During August and September a soundproof testing room was constructed according to the recommendations of the Audiologist, and specific testing equipment was selected. This facility was designed for use by the Coos County Education Evaluation Center for Learning Disabilities and the Program for Hearing Impaired Students. The Audiologist was then able to provide complete initial and follow-up audiological evaluations and make specific recommendations for appropriate amplification. The Audiologist also assisted the teachers in the use and interpretation of information obtained from the hearing aid analyzer.

Programming for the hearing impaired students consisted primarily in work on language skill activities and auditory training. Specific vocabulary and language were related to these subject areas: reading, spelling, math, social studies and science.

The following are examples of the types of activities which were conducted:

1. Given several pairs of opposite picture cards, the student matched the correct pair and named each opposite.

2. Given a verb, presented orally, the child demonstrated the meaning of the verb through his actions.

3. Given a language master card and using only auditory clues, the child repeated each word, phrase or sentence successfully.

Some other teaching programs which were used as reinforcers in increasing the student's language and communicative skills were as follows:

1. Having two hearing impaired students tell each other stories from their favorite storybooks.

2. Having parents monitor and reinforce specific expressive vocabulary words used by their child at home. This was done using a pocket chart and reward system.

3. Asking children in the regular classroom to use selected games and materials with the hearing impaired child.

4. Involving another student to model specific language for the hearing impaired child, under the supervision of the itinerant teacher.

5. Encouraging equal parent and teacher involvement in language activity sessions with a preschool child.

The System Fore Language Sequence was divided into four language areas called strands. These strands, or skill areas, are labeled: (1) Phonology (Sound System); (2) Morphology (Inflections and Derivational Forms); (3) Syntax (Sentence Structure); and (4) Semantics (Meaning)—Receptive (R) and Expressive (E).

Each strand listed specific objectives called items. The items within the strands were arranged according to child development levels. These levels described language behaviors beginning at birth (level 0) and continuing to ten years of age (level 18).

The teachers selected auditory discrimination tasks appropriate to the needs of individual students. These tasks included: (1) discrimination of environmental sounds; (2) identification of words, or phrases, or sentences presented orally; (3) response to puretones presented with an audiometer; and (4) identification of words and phrases presented on the language master taped cards.

When the students responded incorrectly after the auditory item was initially presented, that item was placed on an individual auditory discrimination checklist. Gains were recorded when the student identified the auditory signal presented by: (1) name; (2) picture; or (3) object.

The teacher of the hearing impaired students selected vocabulary words needed for the students to complete individual and class assignments. A pretest was given and the unknown words were then placed on individual checklists. Students were given credit for words known (pretest) or acquired (posttest) after they used the words correctly and/or after they gave verbal definitions of the words as they were used in their original context.

Objectives:

1. *The hearing impaired child will expand his receptive and expressive language.*

Evaluation: The language sequence of System Fore (Los Angeles Unified School District, Special Education Division) will be used to establish baseline data. Ongoing data and the gains made by selected hearing impaired children will be collected and/or the teacher will develop behavioral vocabulary checklists which will identify those words not in the student's receptive and/or expressive language. Baseline data, ongoing data, and gains will be collected and reported for specific hearing impaired children.

Results: The gains made by those students using the Language Sequence of System Fore are shown in Table 1. The gains made by those students using behavioral vocabulary checklists are shown in Table 2. (The Language Sequence of System Fore presents instructional objectives arranged according to child developmental levels from birth to about 10 years of age. For those hearing impaired students whose skills did not fall within this developmental range, individual behavioral vocabulary checklists were developed.)

Percentages displayed in Table 1 are presented in skill level units. These percentages are gains made by each student in the skill areas listed. The mean gain across students was 29.4% increase of skills during the year.

Scores given in Table 2 are written with the number of words acquired before the total number of words selected. The percentage of gain is displayed in Table 2.

2. *With amplification the child will improve his auditory discrimination of sounds and/or speech.*

Evaluation: The teacher will develop behavioral checklists for auditory discrimination of sounds and/or speech. Ongoing data will be collected.

Results: The scores shown in Table 3 are given with the number of correctly identified sounds and/or speech items before the total number of items selected.

Table 1

Pre—Posttest
System Fore Language Inventory

N = 10

Student	(level)	2	3	4	5	6	7	8	9	10	11	12	13	% Gain
3	Pre				71	71	80	92	38					24
	Post				92	92	88	96	69					
	Gain				21	21	8	4	31					
4	Pre							76	73	67	48			51
	Post							100	100	100	100			
	Gain							24	27	33	52			
6	Pre	70	38											48
	Post	83	77											
	Gain	13	39											
10	Pre										74	75	50	43
	Post										93	100	93	
	Gain										19	25	43	
12	Pre				71	92	52	68	50					23
	Post				88	96	52	88	86					
	Gain				17	4	0	20	36					
14	Pre			76	58	61								26
	Post			88	71	87								
	Gain			12	13	26								
15	Pre		94	76										7
	Post		100	82										
	Gain		6	6										
16	Pre	78	62											34
	Post	91	97											
	Gain	13	35											
17	Pre		85	76										17
	Post		97	92										
	Gain		12	16										
18	Pre			70	88	79								21
	Post			88	100	100								
	Gain			18	12	21								

Total Average Mean Gain = 29.4%

The total mean average gain for those students listed in Table 3 was 89%.

The following student numbers will not be shown in data collected in Objectives 1 and/or 2 for the following reasons:

Students *#2* and *#7* were seniors in high school. The services provided to these students were selected according to their needs and included information on career planning; skills needed to complete application forms; interviews with Counselors from Vocational Rehabilitation and community colleges; and tutorial assistance with specific class subjects.

Student *#5*—Absenteeism was a problem. Data collected was invalid.

Student *#8* was seen by a traveling teacher for tutorial help with specific assignments only.

Students *#11* and *#13* withdrew from the program.

Student *#20* was included in the program just prior to the close of the school year (and these posttest data were not obtained).

Table 2

Receptive and Expressive Language Vocabulary Checklists

N=3

Student	Vocabulary Words	% of Words Acquired
1	37/42	88%
9	34/40	85%
19	31/41	76%

Third Party Evaluator's Comments:

Those data submitted to Teaching Research indicate that Objectives 1 and 2 were met.

Those student data submitted in the final report which included: System Fore Language Inventory (Table 1); Receptive and Expressive Language Vocabulary Checklists (Table 2); and Auditory Discrimination Checklists (Table 3) indicate that each child enrolled in the program made gains in selected areas. The project staff should be commended for designing and implementing appropriate programs for individual students and for the gains made by the children enrolled in this program.

This evaluator would like to encourage the continued use of trained volunteers. The time and geographic limitations imposed on most itinerant teachers, strongly suggests that training skills needed to teach hearing impaired students should be shared with regular classroom teachers, paraprofessionals, and volunteers. This procedure would increase the training time and the number of programs each hearing impaired child would receive during a school year.

Table 3

Auditory Discrimination Checklists

N=14

Student	Sounds and or Speech Items	% of Items Acquired
1	15/18	83%
3	16/16	100%
4	18/19	95%
5	10/12	83%
6	13/15	87%
9	12/12	100%
10	12/16	75%
12	12/12	100%
14	13/14	93%
15	10/10	100%
16	10/12	83%
17	9/9	100%
18	16/20	80%
19	7/11	64%

Total Mean Average Gain = 89%

This evaluator would like to thank the staff for submitting a complete and concise final report.

Title of Project:	*Education Evaluation Center*
Location of Project:	*Gold Beach, Curry County, Oregon*
Population Served:	*A total of 52 learning disabled students*
Funding Allocated:	*$20,000*
Project Beginning Date:	*September 1, 1975*
Project Ending Date:	*June 15, 1976*

Background and Rationale:

In the past the Curry County Intermediate Education District has attempted to provide an overall education program to meet the needs of handicapped children. By utilizing the services of various education specialists, all children identified as obviously handicapped were placed in appropriate programs. We found however, that there were more children with deficiencies in reading, spelling or arithmetic than the three teachers of children with extreme learning problems could deal with and many children were left waiting for services. Adequate diagnosis of severe learning problems was largely confined to agencies outside the county and lack of realistic communication between the referral agency and the child's classroom teacher had not typically led to educationally sound programs being developed for children. It was hoped that the creation of an intermediate person, the diagnostician, would bridge the gap between the psychologist and the teacher. It was felt that diagnosis within the framework of the public school by a person familiar with the school system who would carry the burden of remediation might help bring some change in teaching methods or materials that could be seen in the classroom. It was hypothesized that a large number of children with a "disorder or delay in the use of symbolic language" could function in a regular classroom if they and their teachers were given special assistance in overcoming their handicap.

Methodology:

The project staff consisted of one diagnostician. The IED speech therapists were used for the speech, hearing and language assessments and the IED extreme learning problem specialists were used to monitor the student's progress following the evaluation. The project director aided in the evaluation process by administering some of the tests.

Referrals were made by the classroom teacher through the building principal or directly through a parent. When the referral reached the center, the student's medical records were requested and the student was referred to the speech therapist for the speech, hearing and language assessment. The evaluation date was scheduled with the parents who were interviewed on the day of the evaluation. Psychological and academic tests were administered by the diagnostician and the project director. A final parent conference was held immediately following the evaluation to discuss the test results and impressions with the parents.

The report was made to the school and parents in writing within seven days of the evaluation. It included the child's psychological profile, his or her mode of learning, specific materials to be used and the etiology, if known. The weekly follow-up procedure by the extreme learning problem staff was begun one week after the teacher had received the evaluation report. The diagnostician or project director met with the extreme learning problem staff on a monthly basis and the progress of each child was examined.

Posttesting was done in April and May and final conferences were held with each teacher who was involved with the project. A summary report was written on each of the participants which included suggestions for the 1976-77 school year. A letter was sent to each home informing the parents of the child's progress since the evaluation.

Objectives: 1. *By June 1976, 50 learning disabled children will have received extensive psychometric, educational, speech, hearing and language evaluations; medical evaluations may be provided as indicated; to be completed within a month of the referral.*

Evaluation: A record of the number of referred learning disabled children evaluated will be kept. A record of the scheduled evaluations will be kept. Completed evaluations will be on file in the support services office. All of the above evaluation will be reported.

Results: A flow chart was used to record, by date, the number of referrals received, when the referral was scheduled for evaluation and when the student was evaluated. There were 56 children referred, 54 of these children were scheduled and 52 children were evaluated. The discrepancy between the number scheduled and evaluated was a result of one student moving and another student's parents deciding against participation. Although we informed the principals when we were nearing the end of the project period, we received more referrals than we had time to actually evaluate. These names were placed on a waiting list and will be scheduled for next fall.

All completed evaluations are on file at the IED office in Gold Beach.

2. *By June 1976, 50 learning disabled children will be given prescribed instructional programs based on their specific learning modality within seven days following the evaluation; materials to be specified.*

Evaluation: A record of the prescribed instructional program within seven days of the evaluation will be recorded and reported. A record of the prescribed programs specifying the methods and the materials will be kept and reported.

Results: Many of the children that were evaluated were found to be deficient in more than one area and an effort was made to provide a prescription which would be applicable to several areas if the need was indicated. For the purpose of this evaluation, the primary area of instruction of the prescription was used to determine the category that the child was placed in. Table 1 summarizes these findings and the percent of prescriptions which were actually returned to the teacher and parent within seven days of evaluation. The category Expressive Language included children who had difficulties with vocabulary and language in general in addition to reading and spelling deficiencies.

Table 1

Prescribed Programs for 52 Children

Number of Children	Prescribed Program Area	Percent Prescribed Within Seven Days
29	Reading/Spelling	95%
10	Behavior	
4	Expressive Language	
4	Arithmetic	
4	All Areas	
1	Receptive Language	
52	TOTAL	

3. *To provide weekly conferences between the extreme learning problems specialist and the classroom teacher.*

Evaluation: A record will be kept and reported covering conferences held by the Center and/or the building extreme learning problems specialist with the teacher. A record will be kept and reported covering the number of written reports sent to the parents of the learning disabled children and a log will be kept and reported covering the follow up conferences.

Results: A form was developed for recording weekly follow up conferences between the extreme learning problems specialists and/or the Center and the classroom teacher and the date of each follow up conference was recorded on the flow chart next to the child's name. The weekly conference records were placed in the respective child's folder at the Center. Initially the extreme learning problems specialists were able to keep up with the required number of follow ups but this became increasingly difficult as each case load was added to. Toward the end of the year, follow up monitoring became a very time consuming and burdensome duty to the extreme learning problems specialists and we were unable to keep up with this process on a weekly basis. The results are summarized in Table 2 and indicate the completion of approximately one-third of the expected numbers of follow up conferences.

Table 2 also indicates the number of written reports which were sent to parents.

Table 2

Conferences with Parents & Teachers

Possible Number of Weekly Conferences	Conferences With Classroom Teachers	Actual Number of Weekly Conferences
851		286

Number of Written Reports to Parents:

52	Evaluation Reports
52	Progress Reports
104	TOTAL

4. *To increase the academic skills of the learning disabled children that have a prescribed program.*

Evaluation: The progress on selected pre—posttests and criterion referenced inventory covering those selected skills for each child will be recorded and reported.

Results: Although the Wide Range Achievement Test and the Key Math Diagnostic Arithmetic Test were specified to be used as posttest materials, additional tests such as the Silvaroli Informal Reading Inventory or the Gray Oral Reading Tests were used when indicated.

Forty-seven children received pre—posttests on the Wide Range Achievement Test. These gains ranged from .0 to 2.2 and the mean gain for these 47 children was .5. The mean gain in spelling was also .5.

The pre and post Key Math Test was administered to 47 children and the gain scores ranged from .2 to 1.4. The mean gain for the 47 children was .7.

Criterion referenced materials such as Silvaroli, Gilmore, Durrell, Shelquist, and Gray were also used with selected children.

Third Party Evaluator's Comments:

The project staff is to be commended for submitting a thorough and precise report. Those data submitted by the project staff for each of the four objectives indicate that three of the four objectives have been met.

Most of the individual child data for Objective 4 was summarized by the Third Party Evaluator because of constraints placed on the size of the final document.

Objective 3 was not met by the project staff. This objective called for a weekly conference with the regular classroom teacher. As Table 2 displays, there were a possible 851 conferences that could be held with these teachers but time would not permit this extensive contact. The project staff is not to be faulted for what appears to be an unrealistic objective.

The 47 children that received normative testing displayed modest gains in the areas of reading and spelling.

It is recommended that the project staff place most of its emphasis and time in assisting the regular classroom teachers in providing appropriate programs for each child.

The third party evaluator would like to congratulate the project staff for a productive first year.

Title of Project: *Central Oregon Evaluation Center*

Location of Project: *Deschutes County IED*

Population Served: *Students & Teachers in Central Oregon*

Funding Allocated: *$9,800*

Project Beginning Date: *September 1, 1975*

Project Ending Date: *June 30, 1976*

Background and Rationale:

Oregon is a rural state with the inherent difficulty of providing appropriate services to exceptional children along with a manpower shortage in trained educational specialists. Project RESTORE was designed to train regular classroom teachers to recognize the exceptional child in the classroom, assess learning strengths, and follow through with appropriate adaptive teaching techniques and materials. Once trained, this teacher is able to act as a special resource to other teachers in the building to continue to extend special services to the exceptional children within each building. District Learning Disabilities Specialists who serve individual buildings obviously reach a maximum caseload with which they can effectively deal. There are always additional children in need of diagnostic/prescriptive services who can now be reached through trained RESTORE participants. Severely disabled learners can be referred to the project director for an in-depth study in the Satellite Education Evaluation Center component of the project. The specialists working for the project evaluate the learner's abilities and meet with parents and teachers with recommendations.

Methodology:

Project staff met with each local district administration staff to explain the function and intent of the project's two main components of teacher training and evaluative services. Objectives were developed for each component. The teacher training component consisted of two graduate level practicum courses that were conducted throughout the school year. The first practicum, Identifying the Exceptional Child—His Strengths and Disabilities, consisted of eight evening meetings of three hours each. Learning theory, diagnostic tests, and informal methods for screening exceptional children were the major areas dealt with. The second practicum, Using Individualized Methods and Materials to Assist the Exceptional Child, involved bi-weekly visits with each teacher individually for a minimum of one hour.

The objective was to work through a complete diagnosis, evaluate test results, and arrive at a learning prescription based on interpretation of this data. The teacher then followed her prescription and observed the results. The Education Evaluation Center component was used to provide additional evaluative services to the Central Oregon area. Referrals were accepted on a first come, first served basis. Available time and staff allowed evaluation of approximately one child per week. Evaluations basically involved a parent pre-conference, work with the client, parent post-conference, teacher conference, monthly follow-up visit with teacher, and a written report for parent and school. Any additional time available during the year was spent in evaluative staffings on children with local counselors, reading clinicians, speech clinicians, and physicians.

Objectives:

1. *By June 1976, 50 learning disabled children will have received psychometric, educational, speech, language, hearing evaluations; medical evaluations will be requested as necessary; to be completed within 90 days of referral.*

Evaluation: A record of the number of referred learning disabled children will be kept. A record of the scheduled evaluations will be kept. A record of the completed evaluations will be on file in the evaluation center office.

Results: Seventy-eight children were referred for evaluation. Of these children, 53 were evaluated. Of the 53 evaluated, 40 children were evaluated within 90 days. In general, most clients were found to be visual learners failing in auditory programs. Ninety-five percent of the learners evaluated appeared to learn most efficiently with a visual-motor rather than an auditory approach. Five percent were good auditory learners that were failing due to extreme deficits in visual and motor functions.

2. *By June 1976, 50 learning disabled children will be given prescribed instructional programs based on their specific learning strengths within two weeks following the evaluation, including materials, methods, and psychological climate best for this learner.*

Evaluation: A record of the prescribed instructional programs will be included within the evaluation report and kept on file in the center office.

Results: Both parent and teacher received an immediate conference on the results of the evaluation on the same day as the evaluation after January of 1976. Initially, the parent received an immediate conference and the teacher was contacted during the following two week period. Staff found it much more helpful and efficient to have both conferences on the same day.

3. *To provide conferences between the evaluation center specialist and the classroom teacher not less than every 30 days.*

Evaluation: A record of conferences will be kept recording the nature and length of meetings.

Results: The inside cover of each case study file folder was used to record the date of the visit, persons present, time invested, and outcome. Insufficient time was available to meet this objective at more than a 50% rate. Travel time, unavailability of teachers except during off-duty time, lack of sufficient center staff, and the teacher training component obligations contributed to the difficulty of meeting this objective. Much more time to complete the required written report was necessary than anticipated.

4. *To increase the academic skills of approximately 50 learning disabled children.*

Evaluation: Progress reported on criterion referenced tests will be recorded.

Results: The following child data was reported by the teachers of the children listed. Many teachers were not able to measure academic gains due to short periods of time existing between the later evaluations and the time of this report. However, they were able to identify affective changes which they identified for us.

Objective data were collected for 20 children [illegible] participated in the program. The Woodcock, [illegible] Gates-Mac Ginitie, Manzanita Phonics Test, and the Dolch Words were used to determine gains made by children. The overall results indicate that 18 of the 20 children made substantial gains in the area of reading.

Third Party Evaluator's Comments:

The project staff had problems with objective 1 from the beginning of the project. The original objective was changed from 75 children to 50 as it is currently stated in the objective. The project staff failed to evaluate, within 9 days after the referral from the teacher, 50 children. The primary comment made by the project was the amount of time required to evaluate and write up the results of each child's evaluation.

Objective 2 required a record of the prescribed instructional programs to be kept on file. The results of this objective were not submitted in this report. No data as to number and types of prescribed instructional programs written and implemented were submitted.

Objective 3 was not met as specified. The data submitted by the project staff indicate that half of the conferences (50%) to be held within 30 days or less between the evaluation center specialist and the classroom teacher were actually conducted.

The criterion referenced data submitted for Objective 4 were data collected on 20 children. The objective specifies that the project staff would increase the academic skills of approximately 50 children. It is not known to this evaluator why data were not collected from some 30 children that were included in the project. The project staff did not submit individual child data for this objective.

It appears that the problem that project staff encountered throughout the project year was the lack of time to meet the stated objectives.

It might be worthwhile for the project staff to consider reducing the amount of time spent on a complete diagnosis, administration of tests, and assessing the results of tests.

The most important component of the project should be assisting the regular classroom teacher in working with the learning disabled child.

Title of Project:	*Homebound Handicapped Project*
Location of Project:	*Douglas County IED*
Population Served:	*43 Preschool Handicapped Children*
Funding Allocated:	*$25,000*
Project Beginning Date:	*August 18, 1975*
Project Ending Date:	*June 11, 1976*

Background and Rationale:

This project was designed to serve 22 handicapped children who were identified and unserved by the Multiple Handicapped Program during the 1974-1975 school year.

In September of 1975, 18 of the identified handicapped children were provided both direct services through the Multiple Handicapped Program's preschool component and homebound services from the Title VI project staff. Also, ten unserved handicapped children were provided homebound programs by the Title VI project staff.

By December 15, 1975, 28 handicapped children were receiving homebound educational services from the Title VI project staff. By this date, there were also 13 handicapped children who were placed on a program waiting list (due to the limitations of staff, facility, materials, and transportation services). On December 19, 1975, a proposal was presented to the Douglas County Intermediate Education District board requesting funds to establish additional preschool services. The board accepted the proposal, a preschool teacher and two aides were hired and additional space was rented to provide a preschool program for three days per week.

On December 22, 1975, the Multiple Handicapped staff together with the Title VI project staff, decided to provide *all* educational services to the preschool at the Roseburg facility. The rationale for that decision was:

1.0 More services could be provided directly to the unserved preschool handicapped if transportation time of project staff (transportation to homes of children) were eliminated.

2.0 Handicapped children could receive both direct services and consultative services from program's specialists.

3.0 Comprehensive parent training could be provided more efficiently by grouping parents for training sessions.

4.0 Parents could benefit both from exposure to additional staff expertise and from opportunities to communicate with other parents of handicapped children.

5.0 Handicapped children brought into the program could receive additional program services and also more programs could be implemented.

In January 1976, the following educational services were being provided by the Title VI project staff: preschool program services, assessment/observation sessions, infant/toddler learning therapy sessions, and parent training sessions. By May of 1976, the following children received services from the *Title VI project staff,* together with the Multiple Handicapped Program staff:

1.0 Three school-age handicapped children.

2.0 Twenty-nine preschool handicapped children.

3.0 Eleven infant/toddler handicapped children.

Methodology:

The project staff included the parent services coordinator and two parent trainers. Consultant and supportive services were received from the following Multiple Handicapped staff: Coordinator of the Multiple Handicapped Program, two Preschool teachers, four Preschool aides, Speech Pathologist, Physical Therapist, Specialist for the Hearing Impaired/Deaf and Specialist for the Visually Impaired/Blind.

Referrals were received from parents, public health department, school districts, Family Service Clinic, Crippled Children's Division, local physicians, and MR/DD Service Coordinator.

All 43 children participating in the project were assessed by the following battery of tests.

EDUCATIONAL ASSESSMENT BATTERY

SKILLS	TEST	EVALUATOR
Language	Goldman-Fristoe	Speech Pathologist
	Carrow-Receptive	Speech Pathologist
	Oral Musculature	Speech Pathologist
	Memory for Digits	Speech Pathologist
	Auditory Memory Span	Speech Pathologist
Hearing	VASC	Hearing Specialist
Vision	Goodlite	Vision Specialist
Cognitive	Portage Project	Preschool Teacher
Motor	Peabody	Preschool Teacher
Social	Portage Project	Preschool Teacher
Motor—CCD Patients	CCD Upper Extremity	Physical Therapist
	SEED Gross Motor	Physical Therapist

Individualized programs were designed by the Multiple Handicapped preschool staff, specialists and the Title VI project staff. The Parent Services Coordinator (Title VI funded) was responsible for writing and managing all homebound programs. The two parent trainers (Title VI funded) were responsible for implementing the programs in the child's home and modeling and training the parent to implement the same programs.

In December, homebound services were discontinued and all the students were enrolled into the Multiple Handicapped preschool programs.

Program implementation, program observation and materials information, were presented to parents in group training sessions by the Parent Services Coordinator. The Parent Trainers continued to implement programs and to train parents to implement programs. Parents received specific training in: delivering appropriate cues, giving feedback to correct and incorrect responses and managing inappropriate behavior.

Objectives:

1. *To increase the skills of the handicapped infant/toddler preschooler and the homebound severely handicapped in curriculum areas of: self-help skills, social skills, language skills, cognitive skills and motor skills.*

Evaluation: The Parent Services Coordinator was responsible for scheduling appropriate educational needs assessment, weekly evaluating homebound programs, and monthly observing and evaluating parent trainers. The parent trainers were responsible for implementing homebound programs, collecting program data, training parents to implement programs and monthly observing and evaluating parents implementing programs.

Results: Forty-three children received educational services from the project staff. Twenty-five of the children were in the project for six months. A total of 1,140 programs were implemented during the project period. Nine hundred twenty-five met criteria and 215 are still on-going.

Eleven parents of infants and toddlers, ages 0-2, conducted a mean of 4 successful programs per child. An additional eleven parents of children ages 3 to 6 conducted a mean of 2 successful programs per child.

Third Party Evaluator's Comments:

This is one of the more difficult projects to evaluate. The data demonstrate that this project served children and served them well. However, the project is not the project that was funded. Admittedly better services are now being delivered to these children. However, the project coordinator changed the direction of the project without consulting the State Department of Education or the Third Party Evaluation Team. The latter consent may seem bureaucratic, and yet the project has failed to fully justify why it changed. During a TPE visit to the project the project coordinator indicated that the change which occurred in January of the project year was made because parents were not effectively conducting programs with children prior to the initiation of this change. It was agreed that the project would be able to provide data that would indicate that the new method of training parents would produce parents who were conducting programs much more efficiently. Comparative data between the two methods should have been furnished. It was not, and yet the project must be commended for effecting a change which seems to provide good service to children.

Title of Project: *Resource Consultant for the Emotionally Handicapped*

Location of Project: *Eugene School District 4-J*

Population Served: *Junior High Extreme Behavior Problems*

Funding Allocated: *$17,500*

Project Beginning Date: *July 1, 1975*

Project Ending Date: *June 30, 1976*

Background and Rationale:

The Eugene School District 4-J Program for Emotionally Handicapped children was established in 1971 and consisted of four elementary classrooms and one junior high classroom. The program served approximately 80 children per year (16 at the junior high level) with a maximum of 8 to 10 students enrolled in a classroom at any one time. These children were gradually moved back into their regular classes, as soon as they made the necessary behavior changes, leaving an opening for another referred student to enter the E.H. classroom. Teachers of the emotionally handicapped children developed and maintained consulting relationships with regular classroom teachers in the process of serving children referred to the program.

However, there was an urgent need to provide supportive resource teacher services at the junior high level. These services were necessary for further strengthening the E.H. program in areas that were either not being served or were being served on a limited basis: 1. liaison between the E.H. teacher and regular classroom teachers, 2. reintegration support services, 3. supplementary instructional materials for academic deficiencies of students in regular classrooms, 4. behavior management training services delivered to the regular classroom teacher to reduce or prevent the need for a student's placement in the E.H. classroom, and 5. a closer and more consistent relationship between the E.H. program and personnel such as school counselors, social workers, school psychologists, parents, and community agencies.

The Title VI project staff position followed the basic premise inherent in other special education programs in the district, that is, to deliver exemplary services to identified students in the least restrictive setting possible. The consultant enhanced this philosophy by increasing the quantity and quality of alternative services available at the junior high level.

Methodology:

The person selected as resource consultant brought many valuable skills to the position. Her background included five years of regular classroom teaching, a year of instructing teachers in their own classrooms on effective techniques in reading and maintaining classroom control, and three years of teaching in an E.H. classroom. This experience plus a masters degree emphasizing behavior management skills and remediation of students with extreme learning problems increased the number and variety of tasks the consultant could perform.

The consultant's office was located in the counseling center of the junior high school which housed the E.H. classroom. This locale increased her accessibility and availability to the faculty, students, and the E.H. classroom. She visited with other school counselors and teachers whenever students were referred from the other junior high schools.

All referrals of students with behavior problems were initiated by a school psychologist, counselor, or social worker and were given to the consultant. The student's name, date of referral and the referral source were then added to a list and each student was processed in the order in which he was received. The routine followed for each referral always began with the referral source orally providing the consultant with a behavioral description of the student. This conversation included both strengths and weaknesses. Within a few days the referral was observed in three or more of his classrooms and these teachers then provided verbal descriptions of the student's behavior. The Hill Walker Behavior Problems Checklist and the Devereaux Behavior Rating Scale were completed by the referral source at this time and were used as additional sources of information.

The next phase involved a decision as to the best approach to implementing behavior changes in that student. Five alternatives were available: 1. planning a behavior program with the school counselor who was then responsible for its implementation; 2. providing academic materials to individual teachers with the expectancy that working behaviors would then increase and inappropriate, attention-getting behaviors would decrease; 3. providing individual teachers with suggestions for reinforcing appropriate behaviors, ignoring inappropriate behaviors, and making minor changes in classroom routines, presentation of materials, seating arrangements, etc.; 4. placement in the E.H. classroom for one period a day with the student carrying a daily travel card on which each teacher checked his classroom behavior and work behavior as appropriate or inappropriate for that period; or 5. formal certification and placement in the E.H. classroom.

After the decision as to which strategy would be most appropriate for the particular referral and the people involved were informed, the consultant, E.H. teacher, or aide observed the student frequently (ideally, once a month) to note behavior changes. These were recorded on an individual graph.

A second responsibility of the resource consultant was to teach teachers behavior management techniques. Primarily this was accomplished by two separate inservice groups, each conducted for a period of 30 minutes a day two days a week for two weeks with individual conferences during the third week. In a more casual way, this teaching was a continuous ongoing process through conversations with teachers asking for advice concerning a particular student or a behavior problem in their classroom.

In additional to working with school personnel, the consultant was also responsible for ordering instructional materials for a resource library to be used by the E.H. teacher and regular classroom teachers in meeting the instructional needs of E.H. students. Volumes of ditto material and tests aimed at teaching reading or math skills at the second through eighth grades were purchased and were in constant use.

Working with parents was an ongoing responsibility assumed by the consultant with the assistance of the E.H. teacher who maintained a more consistent relationship with the parents. The consultant participated in numerous parent conferences, helped in the organization of a parent education group, and was the organizer and chairperson of a committee which wrote articles for a parent handbook to be used by the E.H. staff next year.

Throughout the year frequent contacts were made with the school psychologists, school social workers, private psychologists and community agencies such as CORBEH, Oregon Research Institute, Lane County Mental Health, and DeBusk Education Center at the University of Oregon. There was a close working relationship established with personnel from each of these groups who were active in the referral process and/or treatment of a referred student. Fifty four students (39 boys and 15 girls), 31 teachers and 10 counselors were provided with services by the resource consultant during the year.

Objectives:

1. *To reduce the number of deviant behavior in selected children.*

Evaluation: Pinpoint a behavior, collect baseline data on that behavior, and design and implement an intervention strategy. Conduct and record the results of probes to monitor the maintenance of the behavior. The Devereaux Behavior Rating Scale and/or the Walker Behavior Problem Identification Checklist may be used on selected children.

Results: Baseline observation data were collected on 27 of the 54 students who received special services from the resource consultant. There are two explanations for the discrepancy between these two figures: 17 of the students were referred from elementary schools or schools outside the district as needing special services immediately upon entering the junior high school and 10 students were referred for academic deficits which interferred with their attending and working behaviors and were immediately placed on academic programs with the teachers being provided supplementary instructional materials.

All observation data recorded behavior of the target child and behavior of the remaining students in the classroom. There was always a percentage of appropriate behaviors for the referred student as well as a percentage of appropriate behaviors exhibited by his classmates, thus providing a continual comparison between the referral's behavior and the behaviors of the other members in the class.

The baseline data showed that the referred students averaged 46% appropriate behaviors while their classmates averaged 88% appropriate behaviors during three 15 minute observation periods. Monthly probes collected over a six month period during intervention revealed an increase in appropriate behavior in the E.H. classroom and an even more impressive increase in the regular classrooms:

1. The referrals averaged 78% appropriate behaviors and their classmates averaged 84% in the E.H. classroom.

2. In the regular classroom the referrals averaged 81% appropriate behaviors and their classmates averaged 90%.

3. Appropriate classroom behaviors increased an average of 35% over baseline in the regular classroom setting.

There was no follow-up data as most of the referrals received services from beginning of intervention to May or June.

2. *To increase the skill of the classroom teacher to identify behavior problems, implement a behavioral program for a specific behavior, and collect data on the behavior.*

Evaluation: Inservice training sessions and individual teacher conferences will be conducted. Objectives for each session and/or conference and pre and post measures will be recorded.

Results As discussed at the first evaluation meeting, the consultant felt it unrealistic to expect each teacher to independently design and implement his own behavior intervention strategies this year. Instead, the emphasis was on increasing the skill of these teachers in working with behavior problems.

The consultant conducted two separate inservice training groups, each consisting of two 30 minute group sessions a week for two weeks followed by individual teacher conferences during the third week. Baseline data were collected on the frequency of the teacher's positive interactions and negative interactions during a 15 minute observation period in his or her classroom before the inservice began.

During the inservice each teacher was expected to choose one class period in which to count and record his/her positive and negative and/or punishing behavior each day. The inservice involved activities such as discussions on reinforcement theory, research pertaining to its effectiveness, and the variety of ways to show approval, recognition, and positive regard; analyzing individual walking and talking maps illustrating each teacher's behavior and deciding on optimal walking and talking patterns; and lectures on behavior management techniques emphasizing the need to focus on specific behaviors and behaviors incompatible with unacceptable behaviors.

The primary objective of the inservice was that each teacher would increase his ratio of positive to negative interactions so that the number of positive behaviors was four times greater than the number of negative behaviors. In comparing the baseline data with the follow-up data collected a few weeks after the conclusions of the teacher training, the consultant found that 12 of the 14 participants met this objective. There is an obvious concern for biased data in that the teacher knew when she was being observed; however, the teachers were not informed as to what was being observed. With this in mind, it would be reasonable to conclude that the teachers were more aware of their positive and negative interactions and an increase in positive reinforcement occurred.

The consultant kept a log in which all conferences with teachers, students, counselors, social workers, psychologists, and community agencies were recorded. The log showed an average of 19 conferences a month for nine months. These conferences served a variety of purposes: advice on a particular behavior problem, discussions concerning on-going behavior or academic programs, suggestions for remediating an academic skill, reports on the progress of one of the E.H. students enrolled in a regular classroom, explanations of a new program or changes in an existing one, formal staffings on a referral and conversations exchanging information and deciding on the most realistic treatment strategy for a new referral.

3. *To develop an effective parent education program.*

Evaluation: The percent of the group meetings attended by each parent, the number of conferences attended by parents, and the number of home programs initiated by parents and those data collected on those home programs will be reported.

Results: In September the E.H. Advisory Board composed of 2 parents each having a child enrolled in an E.H. classroom, 2 teachers, 1 administrator in special education, 1 professor in the special education department at the University of Oregon, and the consultant met and agreed that one of their priorities was the organization of a parent group. Interested parents, teachers and counselors were invited to attend this group which would meet once a month. Speakers were invited for the initial meetings so as to attract a larger number of people with the expectation that it would eventually evolve into a more cohesive, informal group. Unfortunately, in spite of monthly flyers and personal invitations by phone, very few parents attended the meetings. Although each meeting averaged 20 participants, no more than 6 parents attended any one meeting and in February only 3 parents came. This lack of interest displayed by parents prompted the E.H. teachers and advisory board members to discontinue these programs.

A second means, and a more successful one, for involving parents consisted of frequent parent conferences. Although many of these were casual conversations over the telephone, each of the 15 certified E.H. students and their parents participated in a minimum of 3 parent conferences and averaged 4 conferences over an eight month period. Six additional students and their parents also had one conference each. Of the 72 scheduled parent conferences, only two appointments were not kept. It seemed that on a more personal level, the parents were willing to become at least minimally involved. Of these 21 sets of parents, 14 of them maintained a home reinforcement program for varying lengths of time.

In addition to these efforts at parent involvement, the consultant with the assistance of 5 of the E.H. teachers and Dr. Hill Walker (director of CORBEH), wrote articles for a parent handbook. This handbook is to be used by the E.H. teachers and consultant in 1976-77 to aid in parent training on an individual and more personal level. It is anticipated that it will serve as a working tool for teachers and parents at conferences and as a guide for parents in more effectively managing their child's behavior at home.

With the addition of a resource teacher consultant, the services offered by the E.H. program have been extended far beyond the limited number of certified E.H. students and their teachers that have previously received special attention at the junior high level.

Third Party Evaluator's Comments:

This evaluator would like to thank the project staff for a timely and well written final report.

In reviewing the data submitted by the project staff this evaluator sees a model well worth pursuing in other school settings given that similarily trained staff are available to conduct these programs. The possibility of impacting on E.H. children, normal children, teachers of E.H. children, and teachers of regular classrooms using this model would be highly probable.

The data reported for objective 1 are in terms of increases of appropriate behavior of targeted children in E.H. classrooms and in regular classrooms. The objective speaks to the reduction of the number of deviant behaviors in selected children. It will be assumed by this evaluator that most of those increased appropriate behaviors were incompatible with the targets identified deviant behaviors.

The 35% increase of appropriate behaviors for 27 children in regular classrooms is impressive. It becomes apparent that the consultant had the regular classroom teacher's cooperation in implementing and conducting programs.

In reviewing the data submitted for objective 2 the consultant chose to measure the success of the inservice with classroom observations of the teachers. The concern expressed by the consultant that the data regarding this objective being potentially unreliable is inaccurate. There is nothing in the objective that speaks to generalization or performance by the teacher in a correct observational setting.

On the contrary, the teacher was to increase his/her positive to negative interactions four to one. The fact that the consultant observed that 12 of the 14 teachers met this performance objective is impressive.

The third objective and possibly the most difficult dealt with parent group meetings, parent conferences and home programs conducted by parents.

The project staff found parents of E.H. children apparently do not choose to attend group meetings. This parent behavior, however, is not atypical across parents of children with other handicapping conditions. This problem has been expressed by many professionals who work with all types of handicapped children. The project staff did meet parents on an individual basis. The scheduling of parent conferences was more effective as seen in the parent conference data. Those scheduled parents attended 97% of conferences.

The project staff reported 14 sets of parents maintained home reinforcement programs for varying lengths of time. The project staff did not submit individual child program data that was to be collected and reported by parents. It is not known to this evaluator to what extent the 14 programs maintained by parents were successful.

The project staff submitted academic data which was not included in this report. It was not included because of the lack of space available in final Title VI-B documents.

Overall, the project staff is to be congratulated for a successful project year.

Title of Project: *Mainstream Accommodation Services for the Handicapped*

Location of Project: *Eugene School District 4-J*

Population Served: *40 + Handicapped Children*

Funding Allocated: *$14,000*

Project Beginning Date: *July 1, 1975*

Project Ending Date: *June 30, 1976*

Background and Rationale:

Our special education programs were designed to provide for children identified in homogeneous groupings such as: mentally retarded, emotionally handicapped, physically disabled, etc. Within these special groupings, however, there existed the exceptional child with access to mainstream of the regular school setting.

Educators, parents and children were frustrated by make-shift programs attempting to meet the needs of the more severely handicapped child, the blind, the deaf, the physically crippled, extreme learning disabled, the extremely emotionally disabled, severe speech and language disorders of the multiple handicapped. This child was being denied the growth potential of being with other children in the regular school.

If this exceptional child was to be included in our schools, then our educational services must be designed to adjust the regular program to meet these exceptional needs. Such a program of accommodation services includes: training and orientation of personnel, parents and the students, modification of facilities, special equipment and supplies which will allow our schools to provide more equitable educational opportunities for some 40 children not now being served.

This project was oriented toward meeting some of the problems encountered by physically handicapped children who are mainstreamed into the regular schools. These children have special problems that require individual assessment and remediation. The schools also have special concerns in meeting the needs of the handicapped student. Accommodation services were to be developed to meet these needs.

Methodology:

An accommodation committee was established whose main function was to identify and assess the needs of specific handicapped children and plan a program for each child. This committee was composed of:

1. Stable positions: the Director of Special Education, the Health Services Coordinator, the parent of a handicapped child, the administrator of a private school, the administrator of Easter Seal School for the Handicapped and the Program Director.

2. Stable positions representing professional advisors, community agencies and school personnel involved with the students.

The Program Facilitator worked closely with the committee implementing accommodation services at specific school sites. These services included staff orientations and training, student and parent orientation, acquisition of adapted equipment, aides or tutors, ongoing support services and evaluation.

Proximity to the University of Oregon enabled us to hire skilled, knowledgeable attendants who were college graduates. Some adapted equipment was build at the senior citizen's center.

This new project took two directions. One was to trouble-shoot problems that existed where handicapped children had been mainsteamed into regular schools without adequate preparation or ongoing services. The other was to develop a continuing program of placement, services, and follow-up.

Objectives:

1. *To develop an individual education plan for each handicapped child who is to be integrated containing an objective and/or objective for selected children.*

Evaluation: Those data collected for each objective will be reported.

Results: This project involved students in public schools whose placement was reconsidered, progress evaluated and a program developed to meet weaknesses in the original school program.

As the thrust of this project was to help the mainstreamed child to succeed, the facilitator first dealt with problems already present in schools where three moderately to severely handicapped students had previously been placed without sufficient support services. Assessment of these students by the Accommodation Committee led to a program developed for each student to enable him to function successfully in the school without unreasonable demands on the staff or other students.

A senior high school was meeting growing frustration in attempting to integrate a severely involved athetoid student. He was wheelchair bound, could push himself only backwards, needed assistance eating and bathrooming, and his speech was difficult to understand. He was very bright, had completed regular junior high successfully where he had many friends. He had been doing satisfactory work for a year in high school but had only a part time attendant and problems were growing. Some staff members expressed concerns as to what constituted realistic expectations for this student and their ability to meet his needs. There was lack of understanding of the nature of his handicap and resentment that they were being required to deal with such a severely handicapped student.

The Accommodation Committee first met with the parent and school staff members involved with the student to determine the problems and to consider both long range and short range expectations. The committee met again, formed a plan and made recommendations.

The Committee also met with the administrators and counselor to detail the program and exchange concerns. The following commitments were made.

1. An attendant or other assistant will be provided through the Educational Services staff for any "mainstreamed" student whose physical handicap requires special assistance with toileting or eating, or who had seriously limited ability to communicate orally due to a physical handicap.
2. Training and assistance will be provided for teachers *before* a physically handicapped student is enrolled in their classes, if at all possible. (If there is some legitimate reason why such help cannot be provided beforehand, it will be given immediately upon the student's enrollment.) Students may be included in training or orientation sessions as desired by the building staff.
3. Consultation, support and additional training will be provided as needed.
4. When changes in course requirements must be made for a physically handicapped student, teachers will be involved in making such modifications. The principal will have the final responsibility for approving any course requirement alternatives. The counselor will facilitate these changes.

The plan was for the student to remain in the regular high school, complete the normal requirements for graduation and obtain a regular certificate. An extra year could be allowed if necessary, course work could be adapted only in method of completing assignments, tests, and in length of assigned work, content and quality, would meet class expectations.

Following are the program components recommended and their evaluation for this student:

1. Full time attendant—attendant took notes, wrote assignments and tests from dictation, administered the P.E. program, helped with self-care, and took role of counselor and friend.

Evaluation—attendant prepared written report detailing student's increased ability to manage time, complete work on schedule, increased self confidence, improved academic performance.

2. Reading assessment and tutoring if necessary—a home bound teacher worked with the student for one month, assessed his reading, worked specifically on comprehension skills.

Evaluation—tutor presented a written report which indicated grade level skill after one month.

3. Typing Program—Student typed with elbow stick fashioned from ace bandage and a dowel, typewriter was equipped with a guard plate.

Evaluation—teacher noted significantly increased skill, report card indicated "pass" and 5 credits.

4. P.E. Program—special exercises to develop arm and chest muscles.

5. Physical and occupational therapy and speech assessment—this was done by Crippled Children's Division.

Evaluation—a written report indicated student doing as well in all skills as could be expected with his handicaps.

6. DVR involvement—contacts were made and evaluation scheduled for August.
7. Ramp to be built at front entrance (a rather long one)—ramp is being constructed this summer.
8. Book rack—to hold book upright so head can remain up to minimize drooling. Rack was provided.

Summary:

The student's grade point average rose from 2.8 to 3.5 and he earned 25 credits. He was the top student in his humanities class in test scores and assignments completed. His enthusiasm and motivation increased dramatically. The increased willingness of the staff to work with the handicapped student was considered a positive result of the program.

Another student moved to Eugene from a special school for the handicapped in another town. She attended regular school kindergarten class mornings and a special school three afternoons a week for occupational, physical and speech therapys. After observation, assessment and staffing, special class placement in a learning disabilities program with continued therapys was recommended for next year.

Six students from the school for the handicapped (Easter Seal School) were assessed by the staff of the school and recommended for regular school placement. The student's neighborhood schools were contacted and information exchanged. Visits to the schools were made by teacher, therapist, facilitator, parents and students in which program components were discussed and planned. Students were accepted in each case and recommended adaptations assured.

Students whose placement was changed from one special school to another:

Six students were staffed with the recommendations of transfers to other special programs that would be least restrictive and better meet their needs. Conferences were held with other special program personnel and parents and the placements were made. Three children moved from the integrated preschool program at the University of Oregon to the kindergarten and primary program at Easter Seal School. One moved from the physically handicapped program at Easter Seal to a TMR program at Pearl Buck School. One moved from the physical handicapped program at Easter Seal School to the Learning Disabilities program there. One transferred from Easter Seal school to a behavior management program at the Child Center.

One student, entering regular school for the first time, a congenital amputee, was enrolled in kindergarten for the 1976 school year. A home visit was made by the facilitator and school psychologist and a school visit with the parent and child to meet the staff and explore the school. Medical records were obtained. Regular placement and program was recommended with need for assistance anticipated only for bathrooming help.

2. To maintain the child in the accomodation program.

Evaluation: A log will be kept by the Educational Facilitator noting those appropriate school contacts concerning each selected student. The cumulative records demonstrating the child's progress in the Accommodation program will be reported.

Results: For thirty-two handicapped students enrolled in regular school classes, accommodative services were provided upon request usually from a teacher, nurse or counselor. These services were varied and included observation-consultation, the obtaining of special equipment, and/or special professional consultation and services. A log was kept on each child noting all contacts made. There was follow-up on each child. Four of these students were moderately handicapped and in wheelchairs. Their programs were followed closely and contacts made regularly. Report cards accompanied by notes from staff provided evaluation. These students received passing grades, full credit, and had good social skills.

We have found that teachers become enthusiastic about accepting the physically handicapped when they are informed and are given adequate backup services. This project offered assistance to personnel working with handicapped children in three ways: 1. The facilitator met with individual teachers and staffs concerning specific students. 2. Monthly meetings were held in which staff from regular schools met with the staff from a school for the physically handicapped to discuss specific problems and concerns. The specially trained staff provided information and ideas. Many of the children in regular school had previously been at the school. 3. An inservice workshop on Mainstreaming of the physically handicapped presented a wide range of resources and information: District resources, law, classroom adaptations, physical therapy, physical education, behavior problems and empathy building. Forty-three professionals working with handicapped students attended.

The major problem in integrating a handicapped child into a regular school may be transporting him there. Efforts during the year have succeeded in obtaining two school busses for the handicapped, one with a hydraulic lift for wheelchairs.

The following is a summary of the number of staffings and clinics held:

Staffings & Clinics

Accommodation Committee	6
Crippled Children's Division	3
Educational Services Staffings	2
Easter Seal School	9
School Placement Visits	11

In addition several items of special equipment were made available to selected students.

Equipment Provided

2 wheelchairs for school use
2 tape recorders
1 calculator
1 typewriter with guard
6 wheelchair trays
1 training chair
2 roller boards (for P.E.)
1 book holder
1 elbow stick for typing
1 head stick for typing

Third Party Evaluator's Comments:

In reviewing the data that the project staff submitted, it appears that a much needed service was provided to selected children in Lane County.

This evaluator was particularly impressed with the success the facilitator had in bringing together all of the potential resources which provided the necessary services for the handicapped senior high school student. The data provided under Objective 1 indicate the extent at which school personnel and other support people must cooperate in order to provide these necessary services.

Objective 2 was met by providing 32 handicapped students with a variety of accommodative services. These services ranged from special materials for the regular classroom teacher to wheelchair trays for selected children.

The facilitator made the statement that teachers became enthusiastic about accepting the physically handicapped when they were given adequate information regarding the student and the necessary supportive services. This statement probably would apply to any consultative services provided to regular classroom teachers regarding exceptional children. It is most important that a regular classroom teacher receive the necessary assistance to assure success for a handicapped student in that classroom.

This evaluator would like to thank the staff for the timely completion of the final report.

Title of Project: *Use of Communication with Deaf Infants*

Location of Project: *Infant Hearing Resource, Multnomah County IED*

Population Served: *10 Hearing Impaired Infants*

Funding Allocated: *$25,500*

Project Beginning Date: *July 1, 1975*

Project Ending Date: *June 30, 1976*

Background and Rationale:

Two teaching approaches were utilized in accomplishing the objectives of this project: Aural-Oral and Total Communication. There were two main reasons for establishing a Total Communication component in the parent/infant project.

1. Many deaf adults have deaf children and most ask for Total Communication as an educational approach. Although most deaf parents do sign to their children, many use Ameslan which does not syntactically correspond to spoken English.

The majority of deaf parents request guidance in the placement of proper amplification on their child. These parents want to know more about the auditory aspects of Total Communication, so that their child's residual hearing can be further developed with guidance from the project.

2. Some deaf children do not have the ability to learn language through an aural-oral approach.

These children do not have the auditory—perceptual abilities to allow them to use residual hearing and speech reading to learn language. By asking these infants to rely on speech reading alone, we would be giving them only a fraction of the communicative process. Their learning rate would be very slow and the early years of life, critical to the development of language and thought, would be lost.

At the inception of this Project there was no other existing program in the Portland area which taught Total Communication to children under the age of 3.8 years. Without the services provided through this Project, candidates for the Total Communication approach would have had to wait until their fourth birthday before receiving any comprehensive language program. Most deaf parents request Total Communication as a teaching method for their children. Without this Project, there would have been no infant habilitation for these families.

Methodology:

Staff for this project included two teachers who taught five families each. A third staff member also participated although her salary was not funded through this project. All staff members hold master's degrees in deaf education.

Each infant and at least one parent came to the clinic twice a week for 50-minute sessions. Initial sessions involved collection of data on baseline behaviors of the infants and orientation of their parents. In this process of diagnostic evaluation and observation, the teachers recorded the child's specific developmental level and the number of skills he exhibited in the areas of audition, receptive language, expressive language and prespeech vocalization.

Behavioral objectives were set up for each child with his parents. Time was set aside in these initial sessions for discussion with the parents regarding specific programming for their child, general information about hearing loss and education of hearing impaired infants, and particular problems and questions they had.

During habilitation, teachers demonstrated techniques for the parents who participated in most activities. The teacher would then videotape the parent utilizing the techniques and allow the parent to view their performance and discuss it with the teacher. The sessions included the following: Auditory stimulation involving response to voice, noisemakers, environmental sounds and music; language stimuli designed to encourage babbling, imitation, and words; and, general developmental activities.

Once a week each teacher visited the child's home in order to observe the parent engaging his child in a pre-planned activity. The teacher provided feedback to the parent about his stimulation techniques, the child's response, the quality of the communication relationship between parent and child, and how the parent met or failed to meet his behavioral objectives.

Parents were required to attend evening parent meetings. Guest speakers included an audiologist, a behavioral management specialist, a social worker who helped parents examine their feelings, an early childhood expert and a panel of parents who have older deaf children.

Objectives:

1. *Each child enrolled in the Project will achieve at least 15 objectives in the Infant Curriculum.*

Evaluation: At the beginning of the project year, baseline data was collected on all infants by counting the number of objectives already achieved on the Auditory, Receptive Language and Expressive Language portions of the *Infant Hearing Resource Curriculum for Hearing Impaired Infants.* Data were collected throughout the year and the cumulative scores obtained by the end of the project year were then compared to baseline behavior.

Results: Table 1 indicates that all children in the project acquired 15 or more objectives; the average number of objectives achieved per child during the project year was 41.8.

It should be noted that these objectives varied in their complexity. For instance, in the Auditory section, Objective No. 1 states that the hearing-impaired infant must show awareness of loud sound (70—90 dB above aided threshold) in 3 out of 4 presentations whereas Objective 9 requires that the hearing-impaired infant recognize 5 to 10 environmental sounds by identifying the sound source in 3 out of 4 presentations. If interested, the reader can contact Infant Hearing Resource for further details on their curriculum which is being prepared for publication.

Table 1

Numbers of New Behaviors Acquired between September 1, 1975 and June 30, 1976

Child	Auditory	Receptive Language	Expressive Language	Total
1	2	12	13	27
2	16	17	30	63
3	11	10	17	38
4	2	3	10	15
5	1	18	21	40
6	6	7	12	25
7	10	23	28	61
8	2	11	13	26
9	10	24	44	78
10	5	18	22	45
Totals	65	143	210	418
Mean	6.5	14.3	21.0	41.8
Range	1-16	7-24	10-44	15-78

2. *At least one parent per family will achieve a minimum of 20 objectives in the Parent Curriculum.*

Evaluation: Baseline behavior was collected for at least one parent per family at the beginning of the project year. This data was collected by noting the objectives already achieved on the *Infant Hearing Resource Curriculum for Parents of Hearing Impaired Infants.* During the year information was imparted to the parents via reading materials, discussions, evening parent meetings and lectures. Performance skills were judged by teacher and parent through the use of videotape and teacher observation. Cumulative records were kept noting new objectives achieved throughout the year and gain scores were tallied at the end of the project year.

Results: Results shown on Table 2 indicate that at least one parent per family achieved the minimum number of objectives. The average number of objectives achieved per parent was 49.3. The lower scores achieved by families 1, 5 and 9 are reflexive of the fact that these parents were enrolled in the program last year, and many of the objectives had already been learned.

Again, objectives taken from the *Infant Hearing Resource Curriculum for Parents of Hearing Impaired Infants* vary in complexity. One objective (Auditory 24) requires the parent to learn how to read an audiogram and explain the terminology involved, while another objective (Expressive Language 18) states that the parent will know that a word will not be expressed meaningfully until it is understood by the child.

3. *The spontaneous expressive language of children enrolled in the Total Communication component and of children enrolled in the Aural-Oral component will be evaluated.*

Evaluation: Judgments were made that the type of expressive language now exhibited by the children in the Project is reflexive of the specific objectives taught throughout the year. Baseline data was not collected due to the complexity of this task. It was felt time would be better utilized by teaching new objectives rather than observing the child for the length of time necessary to gather conclusive baseline data.

An attempt was made to compare the spontaneous expressive language of children being taught through Total Communication with the children being taught through Aural/Oral methods. It was found, however, that the population would have

Table 2

Number of Objectives Achieved by Parents from September 1, 1975 to June 30, 1976

Parent of Child No.	Gen. Dev.	Aud.	Rec. Lang.	Exp. Lang.	T. C.	Behav. Mod.	Total
1	3	10	2	2	3	NA	20
2	9	43	3	2	NA	NA	57
3	21	22	27	11	NA	NA	81
4	5	24	13	5	NA	NA	17
5	10	7	1	1	0	3	22
6	2	21	3	5	NA	NA	31
7	12	60	29	12	NA	NA	113
8	9	22	7	3	11	NA	52
*9 & 10	6	2	10	3	0	NA	21
Totals	77	231	95	44	14	3	444
Mean	8.7	23.4	10.5	4.9	1.55		49.3
Range	2-21	2-60	1-29	1-12	0-11		

*Children 9 and 10 were siblings.

been skewed because of the many variables involved. Among these variables were (1) amount of residual hearing, (2) quality of language child receives in the home, (3) intellectual grasp of language concepts, (4) parents' interest in providing and/or ability to provide auditory stimulation in the home.

The following paragraphs summarize the children's growth in language throughout the project year. Only the significant objectives that were specifically taught are included. Other items acquired by the children were not reported either because the objective seemed less meaningful or because they were learned without direct intervention from the teacher. These reports are subjective in that they are based in part on mothers' reports. The letter number designations refer to the items contained in the Infant Hearing Resource Language Curriculum.

Child No. 1 made gains this year in the diversity of the phonemes she uses (E-12, E-14); using her voice projectively (E-16); increasing her vocabulary (E-39, 46, 60); answering "What's that?" for known objects (E-40); and answering "Where ________?" (E-45). Telegraphic speech is also beginning to emerge (E-42).

Child No. 2 was fitted with hearing aids within two months following her illness. She retained virtually all of the language she had prior to illness. The teacher and parents introduced language concepts that followed a natural sequence from the enrollment level as follows: Increased vocabulary (E-22, 27, 30, 31, 35, 36, 37, 39, 40, 41, 42, 44, 45, 46, 47a, b-1, c, d-1, d-2, 48, 49); oral motor skills (E-25); more advanced stages of expressive language including jargon (E-28), telegraphic speech (E-34) and phrases and sentences (E-51); expanded use of inflectional patterns including question (E-29), scolding (E-32) and whisper (E-38).

Child No. 3 developed expressive language as a result of hearing and use of auditory feedback of her vocalizations and those of her parents. Initial vocalizations were cooing and lalling. At 4 months hearing age, consonant-vowel repetitions (babbling, E-6) emerged, consisting of bilabial conconants (E-5) and back and central vowels (E-3). At 5 months hearing age lingua-alveolar (E-9) and back consonants (E-2) were used. Now at 8 months hearing age, this child uses her voice projectively (E-16) and single words are just emerging (E-21).

The majority of Child No. 4's expressive language development has occurred in an increase in the number of phonemes appearing in babbling (E-5, 9) and in the increased length and complexity of babbling (E-4, 12, 13, 15, 16, 18, 27). During the year this child regained two words he had used expressively prior to his illness and learned two new words.

Child No. 5 made four major gains in her spontaneous expressive language this year. She learned to use her voice projectively (E-16); telegraphic language emerged (E-34); there was a steady growth in vocabulary (E-37, 39, 42, 46) and she began to use the question "Where ________?" (E-45) as well as answer the question "What's that?" for known objects (E-40).

Child No. 6's major gains in expressive language have been an increase in amount of vocalization (E-3, 4, 5, 7, 8, 10, 16) and the onset of babbling

(E-6). Initially this child's vocalizations consisted of lalling and shrieks. By the end of the year he was doing two syllable babbling (E-6) and imitating some babbling sounds (E-14, 31) as modelled by his parents and teacher.

Child No. 7 is learning expressive language through use of her amplified residual hearing. At 4 months hearing age, she had changed her vocal behavior from lalling to babbling (E-6) using bilabial consonants (E-5) and a variety of vowel sounds (E-1, E-3). Two months later, her babbling became more diversified (E-12 and E-18). This child has continued to experiment with vocalizations and single words are beginning to appear more frequently (E-21, E-23). Her hearing age is now 11 months and her expressive vocabulary contains 22 oral words (E-26).

Child No. 8's spontaneous use of expressive language has been very closely related to the objectives taught in sessions. The mother learned signs for each objective in turn. This child has made two major gains in vocalization: He has increased the number of sounds used (E-2, 3) and he vocalizes more frequently (E-22, E-27, 31). He has not yet accomplished many of the expressive language objectives related to use of intonation, inflection and imitation. Of the remainder of the objectives accomplished, five (E-23, 26, 33, 36, 37) related to his use of vocabulary taught him, two (E-24, 25) related to motor skills involved in language expression, and one (E-24) related to beginning use of connected language in the form of telegraphic speech.

Child No. 9 made gains in expressive language in a number of areas. It is difficult to determine which were learned in class and which were learned through his interaction with others. Objectives worked on in the clinic and which have been accomplished are: Using voice projectively (E-16); progressing through stages of telegraphic speech (E-34, 47) to using complex and compound sentences using Amslan (E-64); using prepositions (E-58, 81); using conjunctions (E-68); using temperal words (E-72); using adverbs (E-79) and naming feelings (E-98).

This child is also now answering "who" questions (E-48); questions requiring a verb answer (E-65); questions requiring more than a one-word response (E-74); concrete "how" questions (E-88); "When __________?" questions (E-91) and "How many?" questions up to 10 (E-95). He also asks the questions "Where __________?" (E-45) and "Why?" (E-86).

Child No. 10's expressive language is the result of learning at home. Her mother learns how to teach new receptive language, and her daughter uses that language expressively which fits her needs. She began using two-word combinations at chronological age 2.1 years and hearing age 11 months. Four months later she began 3 and 4 word phrases. Her language includes the following combinations: Pronoun-verb and noun-verb (E-47, d-2); noun-adjective (E-47, d-1); pronoun-verb-object; questions (E-45). She uses negatives (E-47, c), spatial terms (E-43) and answers "who"questions (E-48). It is interesting that, at chronological age 1.9 years last June, this child was functioning at age level in expressive language. This was the result of sign language in the home. At chronological age 2.9 years she has fallen behind her hearing peers who are now using some of the inflections of English grammar such as past tense, articles "a" and "the", polysyllabic words, and complete phrases. She excels in vocabulary size and phrase length. At this point her deafness is having an effect as it prevents her from hearing the "inflections" of English and the abstract connecting words.

Third Party Evaluator's Comments:

The data presented by the project staff in this report clearly supports the acquisition of objectives one and two. Data presented that a mean of 41.8 behaviors were acquired by each child in auditory discrimination, receptive language and expressive language. The pre-established criterion level for this objective was 15 behaviors. With regard to Objective 2, parents were to acquire 20 new behaviors contained in the parent curriculum. The mean number of new objectives met by all parents was 49.3. Three parents did not achieve the required 20 behaviors. However, this was explained that these were families who were in the program for the second year and had many of the behaviors at baseline.

Objective 3 focused on children's ability to acquire additional spontaneous language. Data submitted indicates behaviors were acquired. However, baseline data were not taken on these skills. Therefore, one cannot be assured that the skills were acquired as a result of the intervention in this project. For accountability purposes, the project staff should take baseline data to assure that they are not teaching skills that a child already has and to make their data credible.

This third party evaluator has had an opportunity to evaluate the Infant Hearing Resource Curriculum for children and parents that has been developed during the course of this project. It is our opinion that the curriculum is of excellent quality. Other projects who are training preschool hearing impaired children might well utilize this curriculum. Copies can be obtained through Infant Hearing Resource at Good Samaritan Hospital in Portland.

Title of Project: *Jackson County IED Program for Visually Handicapped*

Location of Project: *Jackson, Josephine, Curry and Klamath Counties*

Population Served: *31 Visually Handicapped Children, 0-21 Years of Age*

Funding Allocated: *$55,000*

Project Beginning Date: *September 2, 1975*

Project Ending Date: *June 10, 1976*

Background and Rationale:

Fifteen preschool and school aged children who resided in Jackson, Josephine and Klamath counties were identified in March 1975 as visually handicapped and were being served by their local districts with the help of an itinerant teacher of the visually handicapped and one aide. Of these 15 children, 7 were receiving indirect services such as ordering of large print materials, conferring with classroom teachers, supplying low vision aids, and evaluating visual efficiency. The remaining eight received direct service in supplement to their classroom instruction. The direct service consisted of prescriptive programming in the areas of their educational deficits and was carried on by volunteers, parents, and classroom aides.

The weakness of the previous program was the unavailability of trained professionals to provide needed daily instruction for those visually handicapped children requiring direct service. Therefore, the addition of staff and the direct service which they could provide was needed.

Methodology:

Between August 1975 and March 1976, 16 additional visually handicapped children were enrolled in the project. Half of the new referrals had recently moved into the project area; the other half of these students were new referrals who had lived in the area and had not been previously identified. The staff of the Program for Visually Handicapped consisted of:

1. Coordinator Teacher—M.S. in Special Education for the Visually Handicapped
2. Teacher—M.S. in Special Education—Learning Disabilities
3. Teacher—M.S. in Special Education—Visually Handicapped
4. Preschool Teacher—B.A. in Elementary Education (Funded Separately)
5. Teacher Aide—College Student—Education Major
6. Teacher Aide—B.A.—Education

The 31 visually handicapped students served by this project attended nursery, elementary, junior and senior high schools, or classes for multihandicapped. Twenty of the 31 children had programs prescribed and administered on an itinerant model following educational assessment. These prescriptive programs included remediation in print reading, spelling and math; Braille instruction in reading and spelling; Abacus training; orientation and mobility instruction; and typing.

Both normative and criterion referenced assessment tools were used in diagnosis and remediation of these specific academic skills. The normative tool used for reading, spelling, and math was the Wide Range Achievement Test. Criterion-referenced measures included the Gallistel-Ellis Test of Decoding Skills and the Manzanita Math Hierarchy of Skills Checklist.

Other prescriptive programs were provided in the areas of self-help, motor, and language. Programs were also developed to extinguish undesirable behaviors.

Following an educational assessment, the remaining 11 children were found not to need direct instruction from the project staff but did need special materials such as tape recorders, taped recordings and large print books. Teachers of these children received consultation and support from the project staff.

Low vision assessments were completed on 12 students (plus one evaluated as ineligible for PVI services) with eight of those students receiving appropriate aids, materials or related equipment that improved their ability to function visually.

Recreational programs, back packing in cooperation with the School for the Blind, cross country skiing experiences, and a day hike at a local game management area, were organized that involved nine students, most of whom participated in two or three of the four activities.

Objectives: 1. *Given that selected school aged visually handicapped children have behavioral deficits in Braille, orientation and mobility, typing, social, self-help, motor development, language and academic subjects, each child will acquire those deficit behaviors which have been specified through assessment.*

Evaluation: Collect and analyze data on student progress in each area using behavioral checklists. Students will be evaluated before training begins and as skills are acquired on the checklists. The data will be noted.

Results: The 14 school age children served completed a total of 85 programs with an average of 6.07 programs per child. Data on completed programs by program area are displayed in Table 1.

Table 1

Summary of the Number of Prescriptive Programs Completed in Five Skill Areas

N = 14

Skill Area	Number of Programs Completed
Language & Academic Subjects	72
Self-Help & Social	5
Orientation & Mobility	3
Typing	3
Listening Skills	2
TOTAL	85

Average Number of Programs Per Student = 6.07

In addition the project staff obtained pre and posttest measures of academic gain in math, reading, spelling and listening comprehension using normative tests. A summary of these results is displayed in Table 2.

2. *Given that selected preschool aged visually handicapped children have behavioral deficits in Braille, orientation, and mobility, typing, social, self-help, motor development, and language, each child will acquire those deficit behaviors which have been specified through assessment.*

Evaluation: Collect and analyze data on student progress in each area using behavioral checklists. Students will be evaluated before training begins and as skills are acquired on the checklists. The data will be noted.

Results: A summary of new skills gained by five preschool blind children as measured on the Portage checklist indicates an average of 8.66 skills gained per child across all curricular areas. Data on these areas are displayed in Table 3. These skills include those taught prescriptively and those gained without formal programming.

3. *Given that parents of visually handicapped children lack skills in behavior modification techniques and presentation of prescriptive programs, inservice training will be provided which will allow them to acquire these skills.*

Evaluation: Administer inservice for parents. Collect and analyze observational data on daily performance until criterion level of acceptable performance is reached. Then the data will be collected weekly.

Results: Twelve parents of visually handicapped received instruction in behavior modification for one hour. Prior to the instruction informal questions were asked to ascertain existing knowledge. Three of the parents indicated some familiarity with the term behavior modification. The remainder indicated that it was a new concept. At the conclusion of the instruction a ten question quiz for parents in behavior modification was administered.

Five of the parents answered all ten questions correctly, five answered nine questions correctly, one parent answered eight correctly, and one parent answered six correctly. Therefore, 85% of the parents taking the quiz received 90% or better.

Seven parents ran prescriptive programs written by teachers. Programs included self-help, motor, cognitive, and academic areas.

For academic programming, the Teaching Research Observation Form was used. The Teaching Research Form is a series of ten minute time samples showing the percentage of appropriate cues and consequences delivered, plus data collected.

Table 2

Summary of Normative Progress

Number of Students	Length of Time In Program	Math	Reading	Spelling	Listening Comp.
3	5.16 Months	1.56			
3	9.00 Months		2.9		
6	6.33 Months			1.4	
2	4.00 Months				2.0

Table 3

Summary of New Skills Gained by Five Preschool Blind Children

Average Length of Time in Programs = 7 Months

Skill Area	Number of Skills Gained
Cognition	10.60
Self-Help	5.25
Motor	11.20
Language	9.25
Socialization	7.00

4. *Given that the aides of the visually handicapped program lack prescriptive programming skills, inservice training will be provided which will allow the aides to acquire the following behaviors: Behavior modification techniques, data collection and prescriptive programming.*

Evaluation: Collect and analyze observational data on daily performance until criterion level of acceptable level of performance is reached. Behavioral checklist data will be taken on aide performance the 25th of each month after criterion level has been reached by each aide.

Results: Four aides ran prescriptive programs written by teachers. Programs were included in self-help, motor, language, cognitive, socialization, typing, abacus, listening comprehension, biology, math, spelling and reading areas. Observations were taken periodically on the aide's ability to deliver cues, consequences and record data. All of the aides met the criteria of 90% correct delivery of cues and consequences and data recording established.

5. *Given that volunteers lack prescriptive programming skills, inservice training will be provided which will allow the volunteers to acquire the following behaviors: presenting prescriptive programs, use of behavior modification techniques, and recording data.*

Evaluation: Administer written pre and posttests. Collect and analyze observational data on performance. A behavioral checklist on volunteer's performance will be taken on the 25th of each month.

Results: Eight volunteers assisted in the Program for Visually Handicapped. Two were certificated Braillists and produced hand Brailled material. Four volunteers assisted in regular classrooms for preschool and school aged visually handicapped students. Two volunteers ran prescriptive programs and were evaluated using the Teaching Research Volunteer Observation Form. Both volunteers met the criteria of 90% correct delivery of cues and data recorded established. One volunteer met the criteria of 90% correct delivery of consequences and one volunteer reached 86% correct delivery of consequences.

Third Party Evaluator's Comments:

The accomplishments of this project, especially in regards to Objectives 1 and 2, are highly commendable. Ongoing data examined by the evaluator during visits to the project indicated a very aggressive and successful approach to meeting the unique needs of visually handicapped children. Data accompanying the final report were too extensive to include in the limited space allowed. However, these data indicated exemplary progress with the children served.

There is evidence that several of the tasks originally planned for the training, utilization and observation of parents, aides and volunteers, were not accomplished. However, the data presented during the third party evaluator site visits and with the final report indicate that the intent of the objectives for parents, aides, and volunteers, i.e., assistance in providing programming for visually handicapped children, was accomplished.

It is the evaluator's findings that this project has achieved the stated objectives 1 through 5. The program expanded considerably during the project year both in size and service. The staff is to be commended for the dedication to this population of children.

Title of Project:	*Jackson County Intermediate Education District Junior High Special Services*
Location of Project:	*Eagle Point School District #9*
Population Served:	*Junior High Emotionally Handicapped, Educable Mentally Retarded, Physically Handicapped, Learning Disabled Students*
Funding Allocated:	*$32,000*
Project Beginning Date:	*August 1, 1975*
Project Ending Date:	*June 30, 1976*

Background and Rationale:

The major gaps and weaknesses of the Jackson County Intermediate Education District's Special Education program were in the area of programming at the junior high level for students with mild to severe handicaps. Prior to this year special education opportunities were limited to one self contained class for the educable mentally retarded. There were no programs for children with extreme learning problems or mild to severe emotional problems.

Within the junior high two areas of special concern to parents and educators were the lack of a continuation program for moderately to severely disturbed students entering junior high and the lack of a continuation program for mildly handicapped children who had been mainstreamed. The Jackson County IED had sponsored a behavior management class for moderately to severely disturbed elementary aged children during the last year. Several of these children were in junior high age by the 1975-76 school year and needed continued services. In addition, many mildly handicapped students were leaving elementary resource programs for junior high. These students had never been labeled as handicapped and would have had no alternative other than return to a self contained junior high special education room unless Title VI funds had been obtained to implement a mainstreamed program.

In conclusion, the gaps and weaknesses of the Jackson County Intermediate Education District Special Education program were:

1. A large number of junior high age students not receiving any educational opportunities as noted by Childfind.
2. A lack of any special education services for junior high students with behavior or extreme learning problems.
3. Students identified as educable mentally retarded who were receiving elementary mainstreamed special education services but whose access to junior high service was limited to a traditional self contained model.

Methodology:

The Junior High Special Services project was developed in two phases, a mainstreamed resource center and a self-contained behavior management class. However, during December of the project year the two classes were collapsed into one based on the high degree of similarity of students referred to the project. This resulted in the following staffing pattern: 1 FTE Educational Resource Center teacher, 2 FTE Educational Resource Center aides, 1 FTE Educational Resource Center Behavior Specialist, .25 parent trainer.

The Educational Resource Center was a classroom located at Eagle Point Junior High. Students were referred by their classroom teachers, parents or social service agencies for diagnostic testing and/or programming by ERC staff, ERC Behavior Specialist or ERC parent trainer. After referral and testing a staffing was held with the referring agency, parents and parent trainer. If the student qualified as EH, ELP, EMR or PH they were accepted for programming. The classroom teachers and counselors involved in referral and ERC staff then established quarterly objectives for the students. Objectives could be set for any academic or social behavior, though the great majority of objectives (75%) were related to language arts skills.

After objectives were set the students were scheduled by their teachers into the ERC. The most typical schedule involved two periods daily in the ERC. Programs were written or selected for each objective and monitored daily. Objectives were preposttested quarterly and results reported to parents and teachers.

In the case of referrals to the Behavior Specialist, the above procedures were followed in the regular classroom using the CORBEH (Center On Research in the Behavioral Education of the Handicapped) model. The ERC Parent Trainer saw parents who wanted parent training programs in their homes weekly. The above procedures were followed by the parents in a simplified manner employing the Teaching Research, Exceptional Child Program, Behavior Clinic model.

All 3 of the components of the project (Educational Resource Center, ERC Behavior Specialist and ERC Parent Trainer) followed a diagnostic prescriptive model with a daily data base. These procedures were aimed at remediating academic and/or behavioral skill deficiencies toward a goal of maintaining and/or increasing the students' regular class participation.

Objectives:

1. *By June 1976, all EH, EMR, ELP and physically handicapped junior high students receiving programming will have reached 80% of their stated program goals as measured by the program posttest.*

Evaluation: Identify the students to be enrolled, individual objectives will be written for enrolled students with parents and assistance from the regular classroom teachers. Programs will be designed by specialist teacher, student will be pretested on objectives twice, programs will be initiated, program data ~~will~~ be monitored daily, students will be posttested on objectives twice, and the program will be phased out when the child meets the objective.

Results: A total of 465 objectives were written for 34 students during the school year. An average of 71% of the objectives were passed by the students as measured by reaching criteria on both posttests. The range of objectives passed on 0% to 100%.

2. *By June 1976, 80% of all enrolled students will spend 30% of their time in regular class activities.*

Evaluation: A student roster will be maintained which specifies the amount of time spent in the regular classroom and in special services.

Results: Ninety-six percent of the 24 enrolled students spend at least 30% of their time in regular class activities. Time spent in regular classes ranged from 25% to 85% with an average of 71%.

3. *By June 1976, 40% of all parents who choose to participate in the parent program will reach their stated program goals.*

Evaluation: Individual parent objectives will be written, training sessions will be held and recorded, data will be collected on parent performance, data will be monitored and programs will be altered as needed.

Results: Only four of 28 families chose to participate in the program. These four families ran 19 behavioral programs. Of the 19 programs, 18 were successful in that they met a pre-established criterion level of acceptable performance for a 94.7% success rate. In addition, all four families indicated that they wished to carry over to the next academic year. Two other families indicated a wish to be involved in the program.

4. *By June 1976, selected students will demonstrate a reduction or elimination of deviant social behaviors or an increase in desirable social behaviors.*

Evaluation: Baseline data will be taken on the occurrence of the behavior, a program will be designed, periodic data will be taken on the occurrence of the behavior until it reaches a desirable criterion level of acceptable behavior.

Results: A total of four interventions were conducted involving 47 students. Two of these were conducted with individual students, two with entire classes. Pre-baselines of appropriate classroom behavior ranged from 13% to 60% with an average of 31%. Post-baselines ranged from 70% to 90% with an average of 82%.

Third Party Evaluator's Comments:

While the data that appears in the results section of this final report is in summary form, it should be noted that masses of individualized data for all project children were submitted to the third party evaluators. An analysis of that data indicates that the summary statements are accurate. All data submitted support the fact that students made dramatic gains in the achievement of academic skills, the reduction or elimination of behavior problems, and participation in the regular classroom. Objective 1 was not technically met in that 71% of the objectives set were met by the project children. The criterion established in the objective was 80%. However, 71% of 465 objectives for 34 children were met. The third party evaluators consider this to be dramatic change in student behavior.

Once again, project staff from the Jackson County IED have demonstrated outstanding professional competency in the conduct of this project. They are to be commended for this and past efforts in running Title VI projects. Both this project and other Title VI-B projects in Jackson County should be viewed as models by other school districts in the State of Oregon.

Title of Project: *Resource Center for Gilchrist Schools*

Location of Project: *Klamath County School District*

Population Served: *13 ELP; 7 EMR; 1 TMR*

Funding Allocated: *$19,000*

Project Beginning Date: *September 3, 1975*

Project Ending Date: *June 4, 1976*

Background and Rationale:

The Resource Room Mainstreaming Model Project at Gilchrist Schools, upon completion of the 1975-76 school year, had been in operation for two years. The program was initiated in 1974-75 to provide full time services to the educationally handicapped children in grades 1-8. Because there were no special education services of any kind available at Gilchrist Schools prior to the 1974-75 school year, and because there was a student population of 10-15 students who could not function at their respective grade levels in specific subject areas, the resource room mainstreaming model was proposed. This model was thought to be the best means to facilitate the educational needs of a broad range of handicapped children.

Methodology:

The resource center staff consisted of one resource director/teacher, one full time resource room aide, and one full time TMR aide.

Resource room services were available for grades 1-8. Emphasis was placed on the lower grades (1-6) for preventive and remediation purposes. Students who were in the special education program the previous year were rescheduled for school year '75-'76. Returning students continued their individualized programs from the previous year, while several new special education referrals were made to the resource room by teachers. Eight new students qualified for the program through their Wechsler Intelligence Test for Children scores. Previous school records were used for transfer students to verify their need for special education services. Once qualification was determined the students were pretested, (see Objective 1) and scheduled into the resource room at varying times and at varying intervals depending on individual needs. Most students were scheduled for 40-50 minutes a day. The remainder of the student's day was spent in the regular classroom. When possible, the children were grouped according to similar needs.

Regular classroom teachers were provided with individualized materials for the special education students to use in the regular classroom when the student could not succeed with regular class materials.

The project used the Distar reading, mathematics, language, and supplemental materials to provide the instructional foundation for the programming. These materials were supplemented by related teacher made materials or those from other established programs.

A token reinforcement system employing tangible and intangible rewards as motivational devices and as visual progress devices for the students were used. Additional behavior modification techniques were also employed and were coordinated with the token economy system.

Objectives:

1. *To have the resource center assess the skill level of students, plan and implement individualized program for students, and program special materials for students in language, reading and mathematics.*

Evaluation: Progress of each child in the areas of language, reading and mathematics was determined using pre-posttest measures. The following tests were used: Language—Northwest Syntax Screening Test, Boehm Test of Basic Concepts; Reading—Metropolitan Reading Test; Math—Stanford Diagnostic Arithmetic Test.

Results: Results reported by the project showed an overall mean gain of 1.17 grade scores on the Stanford Diagnostic Arithmetic Test (N=7), a total mean gain of 3.25 concepts on the Boehm Test of Basic Concepts (N=10), a total mean gain of 1.94 on the Northwest Syntax Screening Test (N=21), and on the Metropolitan Achievement Test, a total mean gain of 13.11 (N=11), .19 on word knowledge (N=9), and −.42 on Reading (N=9).

2. *To integrate the child into the regular classroom.*

Evaluation: A log will be kept showing the amount of time spent in the regular classroom and the amount of time spent in the resource classroom.

Results: A log was kept and submitted to the evaluator showing the time spent in the regular classroom and the time spent in the resource classroom for each student. Total possible days the 21 students attended equaled 2,435 days, of these 2,067 were spent in the resource classroom. Of the 21 students involved, time spent back in the regular classroom equaled 12%. Eighty-five percent of their time was spent in the resource room.

Third Party Evaluator's Comments:

Results indicate that gains were made by students during this project year, and the project is complimented for this. For objective 2, however, integration back into the regular classroom was not achieved. Since this was one of two primary objectives for this project, the project must be faulted for not providing the necessary change in student and regular classroom teacher behavior to effect increased levels of integration.

Neither student and teacher change are easily accomplished. However, literature on mainstreaming of mildly handicapped children into the regular classroom is abundant. Within this literature there are several training models which have proven effective in: (1) training the regular classroom teacher in appropriately dealing with the mildly handicapped child in her classroom, and (2) effecting appropriate academic and behavioral changes in the mainstreamed mildly handicapped child.

It is suggested that the project staff further review this literature and adopt a model which they feel is appropriate for their situation. It is further suggested that a primary objective of this project be to train regular classroom teachers to deal with the mildly handicapped child in the regular classroom, since this approach is mandated under federal and state law.

Since the project originally proposed (see Background and Rationale) that these monies be used to provide a resource room mainstreaming model, currently only 1.2 of the intent has been made. This project, then, has not met the full requirement specified by their grant monies and appropriate steps should be made to correct this deficit. If needed the Third Party Evaluator would be available to help initiate the mainstreaming component of this project.

Title of Project: *Intervention Class for Emotionally Disturbed*

Location of Project: *Lincoln County School District, Newport*

Population Served: *Emotionally Handicapped, 15 Direct Services, 157 Indirect Services*

Funding Allocated: *$28,350*

Project Beginning Date: *August 25, 1975*

Project Ending Date: *June 18, 1976*

Background and Rationale:

There are approximately 2,600 children aged 6 to 12 in the Lincoln County School District. The district special education staff and the Lincoln County Mental Health Clinic staff have identified 163 of these children who are emotionally disturbed to the extent that special treatment must be provided for them. Of the 163, about 50 to 75 children are considered to be severely emotionally handicapped. The behavior and unique educational problems of these children makes it important that some special educational program be provided for them. While the Lincoln County School District has provided a variety of other special education programs and classes as well as professional consultation and resources for teachers, no real provision for the seriously "maladjusted" child who cannot be contained in a regular classroom has been made. There is a need to provide a program for such children so that they can profit from instruction and function appropriately in society.

Methodology:

The project staff was made up of a core team, which included two certified teachers and a full time aide. The support staff included the Student Services Specialist of the school district and a consulting psychologist in conjunction with the Lincoln County Mental Health Department. The team could be expanded to include all persons with a vested interest in the child. When appropriate, teachers, parents, principals, physicians, and case workers from public agencies were invited to give input in program development.

The emphasis of the project was to decrease the incidence of inappropriate behavior of the student in the classroom and/or home setting. This was accomplished by using a set of consequences to strengthen appropriate behavior. The project staff made a strong attempt to effect the behavior changes in the regular classroom setting rather than placing the child in the intervention classroom.

As part of the project to train teachers and parents to manage behavior problem children, the staff organized the Coastal Child Management Conference. During the two days of the conference, 180 persons from Oregon attended workshops and lectures. The participants consisted of 110 teachers, 30 parents, and 40 other professionals from public agencies.

In addition to the data reported under objectives, the intervention team provided consultation to behavior problem classrooms. The team was involved with three such classrooms during the year. One of those classrooms came under control as a result of the efforts of the intervention teams, and classroom on-task behavior increased from 0 to 80% and was maintained for four months.

Objectives:

1. *To change the behavior of maladjusted, or emotionally handicapped elementary school children, so they can function in a regular classroom setting.*

Evaluation: Behavior rate data will be collected before, during and after intervention. The number of children maintained in a regular classroom will be recorded and reported. The number of children reintegrated into the regular classroom will be recorded and reported. Follow-up behavior rate data on students every two, four and six months after intervention will be collected and reported.

Results: The intervention team received 70 referrals. Of these, baseline data were collected on 32 individual children. Many of these behaviors were not considered severe enough to warrant an intervention program. The teachers were given ideas and suggestions as to how they could bring these behaviors under control by using feedback appropriate in their classrooms. Fifteen children were placed on intervention programs to increase or decrease specific behaviors (Table 1). Six children (40%) were maintained in regular classrooms. They were student numbers 1, 3, 4, 9, 10 and 12 on Table 1. Six students (40%), numbers 2, 5, 11, 13, 14, and 15 on Table 1, were reintegrated into their original class-

TABLE 1

Intermediate Programs for Emotionally Handicapped Children

N = 15

Student #/ Age/Sex	Behavior	Date Started	Baseline (average)	Treatment			Follow-Up Probes		
				Phase I (average)	Phase II (average)	Date Ended	I	II	III
1. 12 yr.-M	Class Disruptions	2/12/74	.1/min.	.05	.014	12/20/75	0—2/19/76	0—4/26/76	
2. 11 yr.-F	Truant days/week	10/9/75	2.0	1.4	1.6	3./14/75	Placed In Foster Care		
3. 10 yr.-F	Postive statements to peers	11/20/75	.003/min.	.01	.012	1/16/76	.1	.016	
	Stealing		3-4/mo.	0	0		0—2/6/76	0—3/26/76	
4. 9 yr.-M	Talk Outs	12/2/75	.775/min.	.068	.33	1/10/76	.07	.01	.5
	% on Task		38%	85%	77%		98%—1/28/76	80%—3/10/76	61%—4/21/76
5. 7 yr.-M	% on Task	11/4/76	22%	76%	91%	2/6/76	85%	90%	71%
	Positive statements to peers		0	—	.009		.066—2/11/76	0—3/10/76	.044—4/1/76
6. 10 yr.-M	% on Task	9/25/75	40%	51%	53%	5/7/76			
	Interrupts		.116/min.	.058	0				
7. 7 yr.-M	Hits-Pushes	3/24/76	.025/min.	0		5/7/76			
	Out of Seat		.27/min.	0					
	Talk Outs		.68/min.	006					
	% on Task		55%	74.4%					
8. 10 yr.-M	Truant days/week	3/22/76	1.32	.2	.2	5/7/76			
	% on Task		55%	50%	74%				
9. 12 yr.-M	Non-Comply	3/30/76	.87/min.	0		5/7/76			
	Follows Directions-first request		0/min.	036					
10. 14 yr.-M	% on Task	11/10/75	41%	67%	50%	1/21/76	Case Terminated		
11. 7 yr.-F	Verbal Responses to adults	1/27/75	0	88%	95%	2/5/76	100%—2/11/76	90%—4/10/76	
12. 11 yr.-F	Following Directions	3/31/76	0/day	10.2		5/7/76			
13. 16 yr.-F	Truant days/week	11/19/75	4.9	1.5	1.6	5/7/76			
14. 11 yr.-M	Number of assignments completed/day	3/1/66	2.25	7.25	8.25	5/7/76			
15. 11 yr.-M	Number of assignments completed/day	1/12/76	3.0	5.0	7.62	5/7/76			

room. Three students remained in the intervention class at the end of the school year. Follow-up data were collected on five students (33%) which showed that behaviors maintained once taught (See Table 1). Eight students remained on programs to the end of the school year, while two student's programs were terminated.

2. *Change the behavior of identified elementary classroom teachers so they can maintain the appropriate behavior of emotionally handicapped children.*

Evaluation: Behavior rate data will be collected and reported on each teacher covering the appropriate delivery of consequences and appropriate data collection.

Results: Four teachers were involved in the program. Two of these teachers did not have children identified as emotionally handicapped but were interested in learning ways to manage their classrooms (See Table 2). Of the two teachers who collected data on themselves in relation to the target child, one showed significant change in behavior (See Table 1, no. 5). The other teacher's praise statements became negative reinforcers to the child. That is, he would receive a praise and immediately respond with inappropriate behavior. This child was removed from the regular classroom. Those students whose behavior increased or decreased appropriately was due to appropriate management behavior of the teacher. Of the four teachers who collected data on themselves, two have follow-up data, one continued the treatment phase to the end of the school year, and one child was moved to the intervention class (See Table 2).

3. *To change the behavior of parents of emotionally handicapped children so they can maintain appropriate behavior of a child.*

Evaluation: The extent of parent participation in the intervention class will be recorded and reported. The parental delivery of consequences as reported by the parents will be recorded and reported.

Results: The extent to which parents participated may be divided into three categories or levels: (a) Those parents who gave their approval or input to their child's program. Five parents participated at this level. (b) Parents who reinforced their child at home for appropriate school behavior. Six parents were involved at this level and reinforced their child during the treatment phase of their program. (c) Parents who managed and reinforced behaviors at home. Seven parents participated with the intervention team to develop home programs. Three programs were attempted by the intervention team and then referred to the County Mental Health Clinic due to marital problems and extreme personality disorders of the parents. One program was terminated due to medical problems of the child. The remaining three programs are as follows:

(1) A program was developed for Anna, a ten year old girl, to decrease stealing at school and home. In addition, a program to increase complying to the first request, picking up her clothes and playing nicely with their sister, was initiated. The motion was to punish any stealing with one hour of boring work. This behavior was eliminated completely. The baseline was three to four times per month. The baseline data for the other behaviors was 0 to 1 per day. The program included daily rewards and big rewards, such as swimming and bowling. These behaviors were maintained at four to six per day over a four month period.

(2) This program was written for Kim, age 11, in addition to her school program. The objective was to increase washing the dishes, picking up her room (baseline: 1 to 2 times per week) and complying on first request (baseline: 1 to 2 times per day). The program consisted of daily and weekly rewards for completing her chores and following directions 80% of the time. Kim was able to complete her chores every day during the program period. Complying to first requests was increased an average of five times a day.

(3) The second phase of the program for student 2 was to decrease the number of truant days per week while attending regular classes. The baseline was 2 truant days per week. The mother was responsible for reinforcing the child after five consecutive days at school. During this phase (6 weeks), the child was truant 1.6 days per week. The parent was able to reward the child two out of three possible times. This program was terminated upon foster placement of the child.

Seven parents, who agreed to reinforce positive school behaviors or consequate their child, reported they did so 90 to 100% of the time. Two parents were unable to follow the programs as planned. During the project period, the intervention team held 61 meetings, conferences, and training sessions with individual families, which involved 18 target children. Only three of these were unkept appointments.

Third Party Evaluator's Comments:

This project completed the evaluation plan prescribed and these data show that each objective was accomplished. An important component of this program is the 2, 4, and 6 month follow-up data reported for the children and teachers. These data show that the program strategies used by the intervention team were effective enough to maintain months after the treatment phase had terminated. It is no longer enough to demonstrate that one's treatment strategies effect behavior but it must also be shown that these strategies are effec-

TABLE 2

				Treatment			Follow-Up Probes		
	Behavior	Date Started	Baseline (average)	I	II	Date Ended	I	II	III
Mr. M/Class	Teacher Praise	3/22/76	0/min.	.09	.40	5/7/76			
	Teacher Disapproval		.82/min.	.01	.25				
Ms. W/5	Teacher Praise	11/4/75	0/min.	.012		2/6/76	0—3/10/76	.02—4/1/76	
	Teacher Disapproval		.57/min.	.01			.022	.02	
Ms. R/Class	Teacher Praise	11/12/75	.025/min.	.40	.13	2/6/76	.08—3/25/76		
	Teacher Disapproval		.06/min.	.03	.10		.10		
Ms. E/6	Teacher Praise	9/19/75	0/min.	.21	Student to intervention classroom	3/15/76			
	Teacher Disapproval		.06/min.	.038					

tive several months after the intervention team had left.

For an intervention team to be maximally effective, it is crucial to get teacher behavior to the point where consequence delivery rates are appropriate and positive consequences received by the children in the classroom at a rate of 80%. If the team is able to accomplish this, then one can expect to find more children returning to or staying in the regular classroom and the teachers themselves having few behaviors with which they cannot cope.

Title of Project: *Handicapped Preschool Training Project*

Location of Project: *Lebanon-Linn County*

Population Served: *17 Preschool Handicapped Children*

Funding Allocated: *$24,300*

Project Beginning Date: *September 2, 1975*

Project Ending Date: *June 4, 1976*

Background and Rationale:

Since September 1973, the Linn-Benton IED has conducted an educational program in Linn County for preschool developmentally disabled children and their parents. Until this year, the program has been conducted in the home only by an itinerant teacher and an aide. This staff provided parents with skills to teach their child in the areas of self-help, motor and social skills and language development. Due to a perceived deficiency in the program, a school-based component was added this year.

The project staff felt that the children being served in the home only were not being provided with appropriate social interactions with other children. It was further felt that the home-based program did not provide an adequate transition into a school program when the child became of school age. Because of these factors, the project established a half-day preschool program for the developmentally disabled children they served. The home-based program was continued for the younger children in the project.

Methodology:

The staff of this project directly involved with children and parents included a full time teacher and aide and a half time aide. The teacher was responsible for the morning preschool program for children, ages 4-7 years. In the afternoon, she worked in the homes of the younger, ages 1-3 years, developmentally delayed children served in the project. The full time aide worked exclusively in the home, providing follow-up assistance with programs designed by the teacher and implemented by the parents. The half-time aide assisted the teacher in the morning preschool program only. In addition to this staff, the following personnel were involved to the extent noted: physical therapist, conducted bimonthly evaluations and developed prescriptive programs; speech therapist, conducted weekly evaluations and developed prescriptive programs; consultant, conducted four in-service meetings for project staff; and volunteers, parents and secondary level students, conducted individual programs in the classroom setting. A project coordinator from the IED had overall responsibility for the project.

The morning preschool program was conducted in a classroom facility located in a church in Lebanon. Nine children participated and they had individual programs in the areas of self-help, motor development, and language development. Programs were selected from the *Teaching Research Curriculum* after an initial assessment using the pretest taken from the *Curriculum*. Programs were conducted daily and continuous evaluation was accomplished weekly. Parents and high school volunteers conducted the programs in this setting under the supervision of the classroom teacher and her aide. In addition to the academic programs, social intervention programs were also conducted for children needing this type of assistance.

Parents involved in the home intervention program were provided with training to allow them to conduct the needed lessons. The children involved were initially evaluated with the pretest from the *Teaching Research Curriculum*. Once this was completed, programs were initiated in the areas of language and motor development and self-help. The parents conducted these programs on a daily basis and they were assisted and evaluated by the teacher and aide in the project. This assistance was provided on a weekly basis. Parents were specifically monitored on their ability to provide appropriate cues and consequences and to record progress data.

In addition to conducting the individual programs in the home, the parents also participated in group meetings at the preschool. These meetings were designed to allow the parents to share their programs with other parents. The staff also conducted in-service training at this time, presenting educational concepts applicable to all parents.

Objectives:

1. *To increase the skills of preschool children in the following areas: self-help, motor and language development.*

Evaluation. To assess the children in these areas, baseline data will be acquired utilizing the placement test from the Teaching Research Curriculum for Moderately and Severely Handicapped Children. Progress in the acquisition of skills will be recorded on a continuous basis.

Results: Table 1 presents the results of the pre-posttesting and the gain scores in the areas assessed for 8 pupils. In addition to the academic areas, gains in the social skill area are also shown. Scores are reported as to the percent of total skills known out of the total skills possible in any area reported. Gain scores represent the percent of total skills acquired out of the total skills possible to acquire. Progress was shown in all areas with five pupils acquiring all the skills possible in the gross motor area.

2. *To increase selected social behaviors for each preschool child.*

Evaluation: Baseline data will be collected on each identified behavior and a treatment strategy will be designed and implemented and interim data will be collected. Probes will be conducted to monitor the maintenance of the behaviors.

Results: Results of the social behavior programs are shown in Table 1 under the heading "Social." As can be noted two children completely met the criterion set (100%), while two met criterion at the 90% level or above. The type of social behaviors acquired were not identified.

3. *To decrease the incidents or eliminate deviant social behavior for selected children.*

Evaluation: A treatment program will be designed and weekly data will be taken until the behavior reaches an acceptable, pre-specified level.

Results: Observations of behaviors were made and deviant social behaviors were pinpointed. It was reported that during the recording of baseline data many behaviors were phased out, however treatment programs were designed for five pupils with inappropriate behaviors. Three behaviors were eliminated, one fluctuated, and one recurred after an extended illness but was decreased quickly though not completely phased out at the year's end. No further information was provided on this objective.

4. *To increase the language skills, motor development and self-help skills for children between the ages of birth to four years who are involved in the home bound program. Gains in the acquisition of social skills will also be documented.*

Evaluation: Selected portions of the *Teaching Research Curriculum* and a behavioral checklist will be utilized. A behavioral checklist will be used in those areas not covered by the *Teaching Research Curriculum.* For those children involved in portions of the *Teaching Research Curriculum,* baseline data will be collected, a program will be designed, and data will be collected until criterion level has been reached. Probes will be made periodically to monitor the maintenance of these behaviors.

Results: Table 2 presents the skill gains of the children in the home program. Skill gains were noted in most all areas with all children showing gains in the self-help and language areas. Gains were reported in the social area but no information was provided as to the nature of these programs.

5. *To train the parents of the home-bound children in the following areas: (a) deliver cues correctly 90% of the time; (b) deliver consequences correctly 90% of the time; (c) collect and record data correctly 90% of the time.*

Evaluation: A 10 to 15 minute observation of each parent will be conducted. This observation will be made at each visit with no less than five visits per parent per month. Observational data will be collected using the Teaching Research Observation Form or a modification thereof.

Results: Table 3 presents the first and last observations conducted on the parents in their delivery of cues and consequences and on their data collection ability. On the first observation, seven parents met criterion on delivery of cues, four met criterion on delivery of consequences, and three met criterion on data recording. On the last observation all parents met criterion on delivery of cues, and six met criterion on delivery of consequences and data recording. The data indicates that the parents showed progress in this area.

Third Party Evaluator's Comments:

The staff of this project successfully conducted both a home-based program and a school-based program for developmentally disabled children.

They also successfully trained a group of parents to conduct programs in their homes. The data submitted indicates that the project was successful in changing both the children's and parent's behaviors in the areas specified.

It is felt by this evaluator that the program results could have been enhanced if the data on social behavior programs had been more completely reported. The specific behaviors that were acquired were not reported and no indication was given as to the type of deviant behaviors that were eliminated. This information would have definitely strengthened the report.

Table I

Pre-Posttest and Gain Scores (%) on Programs Conducted in the Preschool

		SELF-HELP			GROSS MOTOR			FINE MOTOR			LANGUAGE			SOCIAL			COGNITIVE		
Pupils	**Age**	**Pre**	**Post**	**Gain**	**Pre**	**Post**	**Gain**	**Pre**	**Post**	**Gain**	**Pre**	**Post**	**Gain**	**Pre**	**Post**	**Gain**	**Pre**	**Post**	**Gain**
T-VI-P1	6	17%	19%	2%	—	—	—	0%	8%	8%	4%	9%	5%	41%	48%	47%			
T-VI-P2	4	28%	57%	29%	56%	100%	44%	15%	27%	12%	14%	26%	12%	77%	92%	15%			
T-VI-P3	4	32%	76%	44%	48%	100%	52%	40%	61%	21%	25%	72%	47%	44%	85%	41%			
T-VI-P4	4	24%	69%	45%	64%	100%	36%	29%	39%	10%	5%	51%	46%	54%	73%	19%			
T-VI-P5	4	26%	68%	42%	58%	100%	42%	17%	31%	14%	2%	30%	28%	72%	87%	15%			
T-VI-P6	7	70%	92%	22%	100%	100%	—	40%	76%	36%	52%	75%	23%	98%	100%	2%	3%	19%	16%
T-VI-P7	6	28%	62%	34%	46%	71%	25%	13%	28%	15%	36%	68%	32%	78%	90%	12%	32%	69%	37%
T-VI-P8	5	60%	91%	31%	37%	100%	63%	36%	76%	40%	9%	40%	31%	92%	100%	8%	1%	17%	16%

Table 2

Pre-Posttest and Gain Scores on Programs Conducted in the Home

		SELF-HELP			MOTOR			FINE MOTOR			LANGUAGE			SOCIAL		
Pupils	**Age**	**Pre**	**Post**	**Gain**	**Pre**	**Post**	**Gain**	**Pre**	**Post**	**Gain**	**Pre**	**Post**	**Gain**	**Pre**	**Post**	**Gain**
T-VI-H9	3	14%	67%	53%	28%	52%	24%	26%	42%	16%	59%	73%	14%	65%	77%	12%
T-VI-H10	2	7%	12%	5%	—	—	—	—	—	—	5%	8%	3%	13%	19%	6%
T-VI-H11	2	8%	14%	6%	40%	61%	21%	7%	12%	5%	12%	16%	4%	88%	94%	6%
T-VI-H12	3	12%	37%	25%	—	—	—	18%	47%	29%	57%	85%	28%	[illegible]	66%	20%
T-VI-H13	4	5%	6%	1%	38%	45%	7%	—	—	—	6%	9%	3%	—	—	—
T-VI-H14	2	9%	38%	29%	39%	58%	19%	6%	8%	2%	51%	71%	20%	44%	79%	36%
T-VI-H15	3	6%	8%	2%	—	—	—	25%	30%	5%	10%	19%	9%	31%	56%	25%
T-VI-H16	1	5%	8%	3%	—	—	—	—	—	—	11%	14%	3%	19%	25%	6%

TABLE 3

Percent of Correct Delivery of Cues and Consequences and Data Collected on the First and Last Observation Conducted on the Parents

Parent	PRE				POST			
	Date	Cue	Con	Data	Date	Cue	Con	Data
H-9	11-75	100	95	91	6-76	100	100	100
H-10	11-75	100	90	90	6-76	100	100	100
H-11	11-75	89	75	75	6-76	100	95	90
H-12	11-75	100	95	91	6-76	100	100	100
H-13	11-75	100	85	67	6-76	100	100	90
H-14	11-75	100	100	86	6-76	100	100	90
H-15	11-75	100	75	75	6-76	100	87	83
H-16	11-75	100	80	60	6-76	100	88	75

Title of Project: *Itinerant Teacher of the Hearing Impaired in Malheur County*

Location of Project: *Malheur County IED, Vale*

Population Served: *2 Deaf and 16 Hearing Impaired Children*

Funding Allocated: *$17,400*

Project Beginning Date: *August 25, 1975*

Project Ending Date: *May 31, 1976*

Background and Rationale:

In the fall of 1973 the project for providing services to the hearing impaired children of Malheur County was initiated and funded under Title VI-B. The project provided for an itinerant teacher to serve these children. The project is presently in the third year. In 1975-76, the project was expanded to include those mentally retarded children who also have a hearing loss. Services to preschool children were also included. The total enrollment was eighteen including preschool through high school. One high school student chose to withdraw from the program.

Methodology:

The project staff consisted of one certified itinerant teacher for the deaf and hearing impaired children of Malheur County. A total auditory approach was used after initial assessment was established through System FORE. Programming for the children consisted of oral and written language activities in auditory training, lipreading, and speech. Equipment and materials especially developed for an auditory program for hearing impaired children was used based on the age level and capabilities of the child. Monthly individualized prescriptive objectives were made and the mastery dates were recorded.

Objectives:

1. *To provide an itinerant teacher of hearing impaired services to school age hearing impaired children in Malheur County.*

Evaluation: Collect and analyze data on student progress in each area using behavioral checklists. Students will be evaluated before training begins and as skills are acquired on the checklists. The mastery date will be noted. Record the amount and frequency of materials and equipment provided.

Results: The System FORE Language Inventory, the Language Sequence Checklist and Language Cover Sheet were used to collect and analyze data on student progress. Table 1 shows the Language Sequence Checklist where items checked were mastered. It also displays pre and post data of levels used. "X" shows mastery, "Ⓧ" shows items at first failed and then mastered. Table 2 shows final scores for each pupil with differences and gains or losses.

2. *To provide services to preschool hearing impaired children in Malheur County.*

Evaluation: Collect and analyze data on each child's progress in each area using behavioral checklists. A mastery date will be noted.

Results: Those data for child #14 are contained in Tables 1 and 2.

3. *To provide teaching services to hearing handicapped TMR students in Malheur County.*

Evaluation: Collect and analyze data on each child's progress in each area using behavioral checklists. Students will be evaluated before training begins and as skills are acquired on the checklist, and the mastery date will be noted.

Results: The data for children #7, 8, 9, and 10 are contained in Tables 1 and 2.

4. *To provide parent training programs.*

Evaluation: The parent will collect observational data on the performance of the child on those new behaviors acquired.

Results: A parent observed and analyzed speech patterns, transcribed remarks of child during play. The parent noted use of determiners; two word noun phrases, adjectives, two word verb phrases, past tense of regular and irregular verbs. The parent observed own speech for articulation, received training in caring for aid and molds, learned how to test batteries, and continued instruction of teacher for vocabulary and troublesome sounds.

Third Party Evaluator's Comments:

In reviewing those data submitted for Objective 1, it becomes apparent that the objective has been met. Those data contained in Tables 1 and 2 indicate significant gains made by all but one child enrolled in the program.

Under Objective 2, dealing with preschool hearing impaired children, one child enrolled in the program met these criteria. The data displayed in Tables 1 and 2 show no measurable gain made by the child in the listed areas.

Objective 3 dealt with TMR hearing handicapped. The data for children #7, 8, 9, and 10 displays appropriate gains in skill areas in the Language Cover sheet and Language System FORE inventory.

Objective 4 consisted of parent conducted programs. The evaluator specified that observational data would be collected by the parent. The project staff did not submit these data in the final report. The results section under #4 does describe the activities but it is not known to this evaluator what success was experienced by the project staff for this objective.

The project staff is to be thanked for submitting a timely report.

Table 1

Los Angeles Unified School District Special Education Division
Language Cover Check Sheet—Level 3

N = 14

	Student #1	Student #2	Student #3	Student #4	Student #5	Student #7	Student #8	Student #9	Student #10	Student #11	Student #12	Student #14+
PHONOLOGY (Sound System)												
Uses words with initial, medial and final consonants /n/, /m/, /w/, /p/, /h/	X	X	X	X	X	O	X	⊗	X	⊗	X	X
Increases ability to blend sounds	X	X	X	X	X	O	X	⊗	X	⊗	X	X
Repeats melody patterns	X	⊗	X	X	X	O	O	⊗	X	⊗	X	X
Recognizes environmental sounds	X	X	⊗	⊗	X	O	O	⊗	⊗	⊗	X	X
Copies a vertical line	X	X	X	X	X	X	O	⊗	X	X	X	X
Copies a horizontal line	X	X	X	X	X	X	O	⊗	X	X	X	X
Copies a circle	X	X	X	X	X	X	O	⊗	X	X	X	X
MORPHOLOGY (Inflections & Derivational Forms)												
SYNTAX (Sentence Structure)												
Uses models: can, may, will	X	X	X	⊗	X	O	O	X	X	X	X	X
Uses forms of **do**: do, does, did	O	X	X	⊗	X	O	O	O	X	X	X	X
Uses 3rd person singular, present	O	X	X	⊗	X	O	-	⊗	O	X	X	X
Uses past tense of verbs	X	X	⊗	⊗	X	O	-	⊗	X	X	X	X
Increases use of plurals of nouns	X	X	X	X	X	O	-	⊗	X	X	X	X
Uses contractions: it's, there's, that's	X	X	X	X	X	O	-	O	X	X	X	X
Increases correct use of possessives	X	X	X	⊗	X	O	-	O	X	X	X	X
Expands simple sentences with "and"	X	X	X	⊗	X	O	-	O	X	X	X	X
Uses compound sentences	⊗	X	X	X	X	O	-	O	X	X	X	X
Begins to use complex sentences; by adding clauses at the end	⊗	X	X	X	X	O	-	O	X	X	X	X
Uses locators: here, there	X	X	⊗	⊗	X	X	-	O	X	X	X	X
Uses some "wh" questions*	⊗	X	X	X	X	O	-	O	X	X	X	X
Repeats sentence of 6-7 syllables	X	X	X	⊗	X	O	-	O	⊗	X	⊗	X
SEMANTICS (Meaning)												
Receptive												
Understands "who" and "what"	X	X	⊗	⊗	X	X	X		X	X	X	X
Obeys 3 prepositions	X	X	⊗	⊗	X	X	X		X	X	X	X
Begins to understand cause and effect	X	X	X	⊗	X	⊗	X		X	X	X	X
Understands simple relationships by pointing	X	X	X	X	X	O	X		X	X	X	X
Understands body parts by pointing	X	X	X	O	X	O	⊗		X	X	X	X
Understands "long" and "short"	X	X	X	X	X	O	⊗		X	X	X	X
Recognizes action in pictures	X	X	X	X	X	⊗	⊗		X	X	X	X
Recalls specific word order in stories	X	X	⊗	X	X	O	⊗		X	⊗	X	X
Expressive												
Gives full name	X	X	X	X	X	X		O	X	X	X	X
Can identify own sex	X	X	X	X	X	X		O	X	X	X	X
Looks at a picture and names 3 items	X	X	X	X	X	X		O	X	X	⊗	X
Uses sentences 4+ words in length*	X	X	X	⊗	X	X		O	X	X	⊗	X
Recognizes time (day and night)	X	X	X	X	X	⊗		⊗	X	X	X	X
Shows auditory judgment	X	X	X	X	X	⊗		⊗	X	X	X	X

+ = Preschool Child
X = Mastery
O = Failed Item
⊗ = Mastery After Posttest

Table 2

Language System FORE Inventory

N = 14

	Student #	Level 0	1	2	3	4	5	6	7	8	9	10	Total Diff.
Pre	1		73%		73%	78%	70%						+41%
Post					94%	87%	80%						
Diff.					+21%	+10%	+10%						
Pre	2				97%	87%	71%	88%	83%				+70%
Post					100%	100%	100%	100%	100%				
Diff.					+ 3%	+19%	+29%	+12%	+17%				
Pre	3				82%	100%	92%	87%					+29%
Post					94%	100%	100%	96%					
Diff.					+12%	0	+ 8%	+ 9%					
Pre	4		64%	52%	61%								+85%
Post			100%	91%	61%								
Diff			+36%	+39%	+27%								
Pre	5				100%	100%	83%	100%	100%	91%	100%		+25%
Post					100%	100%	100%	100%	100%	100%	100%		
Diff					0	0	+17%	0	0	+ 9%	0		
Pre	6						100%	95%	100%	100%	100%	100%	+ 5%
Post							100%	100%	100%	100%	100%	100%	
Diff.							0	+ 5%	0	0	0	0	
Pre *	7	86%	58%	74%	31%								+35%
Post		86%	76%	91%	31%								
Diff.		0	+18%	+17%	0								
Pre	8	36%	28%										+35%
Post *		42%	57%										
Diff		+ 6%	+29%										
Pre	9		56%	26%	10%								+98%
Post *			60%	70%	57%								
Diff.			+ 4%	+47%	+47%								
Pre	10		82%	78%	94%	100%							+40%
Post *			100%	100%	94%	100%							
Diff			+18%	+22%	0	0							
Pre	11			83%	70%	78%							+59%
Post				100%	97%	93%							
Diff.				+17%	+27%	+15%							
Pre	12			100%	82%	91%							+11%
Post				100%	91%	94%							
Diff.				0	+ 8%	+ 3%							
Pre	13		64%	61%									+54%
Post			88%	91%									
Diff.			+24%	+30%									
Pre	14 **		100%	100%									0
Post			100%	100%									
Diff.			0	0									

Student #15 Not included—Enrolled 2 months before close of school
Students #16 and 17 High School—Not included
Student #18 High School student chose to drop program

* TMR Student
** Preschool student
+ + + A score of approximately 80% is considered passing. Percentage scores were computed by adding the total number of tasks correct in each level and dividing that figure by the total number of tasks in each level.

Title of Project: *Classroom Intervention for Emotionally Handicapped*

Location of Project: *Marion County IED*

Population Served: *61 Emotionally Handicapped*

Funding Allocated: *$20,000*

Project Beginning Date: *August 25, 1975*

Project Ending Date: *June 18, 1976*

Background and Rationale:

Prior to the 1975-76 school year, there had been no direct intervention services for the emotionally handicapped in Marion County. Limited indirect services were previously available, which provided screening, evaluation and prescription, but no direct follow-up beyond a written report.

In an initial 1974 needs assessment conducted by the state on all IED services, districts indicated as a high priority additional services through the IED for the emotionally handicapped. A follow-up study committee was formed in 1974-75 and undertook the task of providing recommendations for services to meet these needs. After a follow-up needs assessment, visitation of other district programs and meeting with other agencies, the committee's first priority recommendation was to implement a resource staff intervention model for elementary districts. A second priority was a resource room intervention model for junior and senior high school districts.

From this information the classroom intervention for emotionally handicapped project was designed to more fully meet the needs of the emotionally handicapped. The first phase of the project was intended to provide direct services to elementary children in grades K-6 in the regular classroom setting.

Methodology:

The project staff consisted of one full time specialist for the emotionally handicapped with a master's degree in education of the emotionally disturbed and neurologically impaired, and one two-thirds time assistant with a B. S. in psychology. The project specialist also had experience in residential and public school programs for the emotionally disturbed, and obtained training through the OCE model center for skills in diagnostic/prescription team evaluations.

Districts were given guidelines by the Marion County IED for referring children which required the completion of a written referral, SEA checklist and parent permission for evaluation. Upon receipt of the above forms from districts, follow-up was initiated. The follow-up included classroom and/or home observation and conference. Also, a diagnostic evaluation in the education and/or social/emotional areas were completed prior to the development of an intervention plan.

There were four intervention and follow-through strategies used:

(1) Counseling. Training was provided for children to understand behavior through the use of stories, art work, play therapy, puppets, games, values clarification, role playing and adult encouragement. This method was of particular use to students diagnosed as withdrawn or of low self-esteem. Data were gathered from the Walker Problem Behavior Checklist and the Coopersmith Self-Esteem Inventory.

(2) Individual Behavior Programs. Target behavior was pinpointed, baselined, and then pursued through a variety of behavior modification techniques such as contracts, successive approximation, peer reinforcement, and peer modeling.

(3) Teacher Strategies. Teachers were trained to use classroom behavior management to deal with target children or entire classrooms. Some approaches used were peer pressure, peer and adult modeling, natural and logical consequences, contracting, token economics and group discussions.

(4) Home Intervention Plans. Parents were trained to deal with their children's behavior in the home by using contracting, family councils, natural and logical consequences, behavior modification and self-enhancement activities to give recognition to their child's uniqueness.

Some referrals were made regarding children with academic achievement problems. Team evaluations, including the IED psychologist, speech therapist, and emotionally handicapped specialist, provided a comprehensive social/emotional/academic program for these children. The emotionally handicapped specialist was instrumental in following through on these recommendations.

Objectives:

1. *To evaluate approximately 45 referred emotionally handicapped children.*

Evaluation: A list of those children referred will be kept. In addition, the social/emotional/academic checklist or the Walker Problem Behavior Identification Checklist will be given to all children on a pre-posttest basis. Either one or both of these tests can be used on the pre-posttest instrument.

Results: Evaluations were completed on 61 children, 32 children received pre-posttests and were discharged from the program because test results indicated children did not need services. Eleven children were in on-going programs at the end of the school year and will continue in the program next fall.

Of the remaining 18 evaluations completed, 2 revealed no emotional problems, 5 had improved by the time the referral was made and support was given to the school and family but no therapist intervention was necessary, 4 had possible hearing disabilities (no emotional problems) and were referred to other services; 4 moved and 3 required on-site evaluation and consultation but no direct intervention plan.

A list of children was maintained in the form of a log chart. Progress toward completion of the intervention and follow-up services could be easily referenced; dates were recorded daily and sent to the building coordinators or principals for their information. In addition, a running log with dates of what actually transpired in all the strategies was maintained at the IED office. The accessability of these data was particularly handy since project staff could monitor as many as 43 intervention programs at once.

2. *To provide direct assistance to approximately 45 emotionally handicapped children who exhibit deviant behavior.*

Evaluation: (A) For selected children, baseline data will be collected on a target behavior, intervention strategies will be planned and implemented and probes will be taken to monitor the maintenance of the specified behavior.

(B) For other children, a statement will be provided describing alternate treatment strategies which do not involve the baselining and treatment of target behaviors. The impact of these alternate treatment strategies will be measured by noting significant changes on the pre-posttest measure utilized in objective 1.

Results: A total of 53 training programs were run for 43 children. The breakdown, according to types of intervention plan, was as follows: counseling, 9; individual behavior programs, 18; teacher strategies, 13; home intervention plans, 13.

Of the programs completed, 94% showed considerable improvement on the posttest evaluation.

A representative sample from two types of intervention plans are included. The first meets evaluation criterion of Plan A, the other meets evaluation criteria of Plan B.

Sample #1 (Individual Behavior Program)

T was referred because teachers believed he was retarded and suffered from deep-rooted emotional problems. The principal had a file of Polaroid pictures of his victims. The parents felt slugging someone was a proper response to teasing or provocative behavior directed towards T. There was a great deal of mutual hostility between school and home. We zeroed in on fighting and finishing assignments. The mother agreed to reinforce T's performance with privileges and rewards at home.

Psych-educational testing revealed normal intelligence, strong visual and performance skills, but unintelligible speech, no word decoding skills and primitive writing ability. Project personnel designed an academic program around T's visual skills. At first he could not read any of the basic Dolch words. Within two weeks T could read motorcycle, house, teachers, store, butterfly, etc. A behavioral probe taken on T in May revealed no incidents of fighting with peers in months and a task completion on par with classmates. His teacher added this comment on her posttest evaluation: "T has shown real gains in classroom behavior and academic work since this program began."

Referral Reason:

9/17/75 Low intellectual functioning and academic skills. Disruptive and frequently violent outbursts against peers. "Deep-rooted emotional problems."

Pretests:

Peabody Individual Achievement Test: Math 2.7, Spelling 1.8, Listening Comp 4.2; Peabody Picture Vocabulary Test: MA 10.5; Inventory of Readiness Skills: 87; Hill Walker Behavior Problems Checklist: Dist. Peer Relations 85, Distract. 75, T Score 70.

Classroom Observation and Baseline Data:

9/15/75 T was well behaved on the day observed. He frequently raised his hand to answer questions, but was not understood by the teacher. He looked frequently to his neighbor for help. The setting was seat work, teacher centered. 10/1/75 T's seat was moved closer to the teacher's desk. In 30 minutes observation time, T interferred with his neighbor six times and was on task less than 20%. There was lots of poking and teasing while lining up with classmates for a drink of water. T didn't complete any assignments and during lunch he was sent to the office for throwing food.

Target Behaviors:

1) Fighting or teasing while in line with peers. 2) Negative behavior during lunch. 3) Not completing classroom assignments. 4) No sight vocabulary.

Task Objectives:

1) Reduce fighting and teasing to 0 per day in lining up and lunch room. 2) Complete classroom assignments on a par with the rest of the class. 3) Teach sight words by flash card method.

Teacher Conference:

9/15/75 T doesn't know the alphabet, and knows only six Dolch words. His speech is unintelligible. He is not reluctant to raise his hand in class. There is constant negative interaction with peers when passing between classes, lining up, lunchroom and recess. He always hands in assignments, but usually blank. 10/31/75 Principal called to report T blackened a classmate's eye. He earlier had kicked another child in the leg.

Parent Conference:

10/31/75 Mrs. feels T should defend himself when teased. A behavior program that would reward T and the class for good behavior was suggested. She was in favor of this idea. 11/3/75 Staffing with principal, teacher, mother, reading consultant and aide. New academic materials were presented and the news of T's growth in skills since beginning of the year. The behavior program was presented to the mother and school staff. The meeting was positive and productive.

Intervention Program:

10/1/75 Picture-word association flashcards were introduced to the reading staff and classroom teacher as a means to increase receptive vocabulary. The speech therapist was to use the same words daily. 11/5/75 the behavior program was explained to the teacher and presented to the class. The behaviors were modeled for T and the materials left. T earns the entire class a daily reward by making 8 out of 14 points. He was to be reinforced at home when he takes home a Popeye Certificate. The behaviors are: 1) line up without pushing or hitting, 2) good lunch period, 3) finish assignments. He loses points for hitting or pushing. 11/6/75 Follow-up call. The teacher reported vast improvement and mother was also very pleased. T is working very hard. 1/7/76 T and the class were rewarded after five consecutive days of making his points. He was continuing to take home Popeye Certificates. His mother called every day when he doesn't bring home a certificate. The relationship between school and home was very positive.

Program Equipment and Materials:

Academic: 1) number skill sheets in math without reading, 2) IED-produced picture-vocabulary cards, 3) reproduced Dormac vocabulary cards. Behavior: 1) point card, 2) Popeye certificates, 3) colorful contract scroll.

District Resources:

1) School for the Deaf I.M.C. for visual learning programs; 2) volunteer mother to make a library of flash cards; 3) team evaluation: speech therapist diagnosed and began therapy in speech and language, special services consultant evaluated learning methods, reading center staff carried out prescription; 3) School for the Blind Instructional Media Center for auditory comprehension lessons.

Posttests and Observation:

11/17/75 The teacher was very pleased. There was only one day T couldn't be rewarded. She had started to send positive notes home to mother. An evaluation was given after the program had been in effect for one month. 12/3/75 Walker: Disturbed Peer Rel. - 50; Distract. - 52; T Score - 52. T has worked for five days consecutively between rewards to earn a party for the class. There have been no incidents of fighting with peers and T's completion of assignments and on task time was nearly equal to the class average. T's mother has reinforced his good performance with after school treats. T made gains in his sight vocabulary using the whole word approach. 5/12/76 fighting or teasing - 0; negative behavior during lunch - 0; not completing assignments - 0; sight vocabulary - 150 words.

Sample #2 (Teacher Strategy Program)

It was decided that the best approach to deal with four students who were particularly difficult to handle in a special learning center class was to design a comprehensive program for the entire class. It was felt they were already receiving an inordinate amount of special attention that was negative and succeeding only in meeting their mistaken behavior goals and that a more diffused intervention might work. These students were used as models for pre and post testing and their scores were recorded on Walker Problem Behavior Identification Checklists. The teacher commented on the overall change as "a miracle, none of the pretest checked behaviors except one were exhitibed on the posttest for the negative ring leader, who used to make me want to retire from teaching."

Referral Reason:

1/76 The class is unmotivated and defiant. There is a wide variety of social/emotional problems and academic achievement difficulties.

Pretests:

(Done on 4 targeted students.) WALKER T Scores: 1) 62 2) 65 3) 75 4) 67

Classroom Observation and Baseline Data:

2/25/76 There was a good deal of avoidance behaviors between students during work periods. There was a high rate of talkouts, teasing and roughhousing. No positive reinforcement was given while kids were on task. The students earned and work for "good" lesson periods. It was not clear to this observer by what criteria this was judged. They also earned minus marks for inappropriate behavior and at the end of the week if the plusses outscored the minus marks, the class had a treat.

Target Behavior:

1) Talkouts; 2) off-task behaviors

Task Objectives:

Increase attention and quality of academic performance of the entire class. Defuse the antagonistic atmosphere.

Teacher Conference:

2/25/76 This is a difficult class to work with. It is composed entirely of students experiencing difficulty in regular classes. It is very physically and emotionally draining.

The teacher feels as if she is forced to act like a penitentiary guard. She is exhausted by the constant disciplining and nagging that the students demand to maintain classroom order and to complete their assignments.

Parent Conference:

Since this intervention program dealt with the entire class as a whole, parents were notified by letter as to the reason for the changes in the school program and its desired impact rather than by individual conferences. Several parents called to express their support to the teacher soon after the program began.

Intervention Program:

2/25/76 A wide range of classroom strategies was discussed to redirect student's energies. Groundwork was layed for a contract system which was worked out by the teacher for the entire class. Objectives are listed, duplicated and distributed at the beginning of each day. After completing these objectives, the students can choose from a limited choice of preferred activities. (A sample is found with this report.) Writing of the contract involves student input and effectively withdraws the teacher from power struggles with the students. Cooperation is won by talking freely about what each one thinks and feels and to explore more harmonious ways of working together; it is not won by order or demand.

Program Equipment and Materials:

Dail Contract

District Resources:

Existing school resources are to be utilized as earned rewards or privileges. Examples: main office aide, run off dittos, help custodian in building projects, additional time in the automotive, metal and wood shops, use of the darkroom, P.E. aide, cross-age tutor, etc.

Posttests and Observation:

5/1/76 WALKER T Scores: 1) 43, 2) 40, 3) 73, 4) 58. The students are self-motivated and the teachers have removed themselves from power conflicts over the student's resistance to complete their classroom assignments. The change in the target kids was especially striking. One in particular disavowed his negative leadership position in the class and made a remarkable change for the better. The one child who seemed to benefit the least was rated on the WALKER as being disturbed peer relations. This program apparently doesn't completely meet his needs and group peer relations with counseling should be stressed in the future.

3. *To develop an instructor's outline, manual and materials for a basic teacher in-service program dealing with basic skills and classroom management of children with behavior problems by June 25, 1976.*

Evaluation:

The above mentioned materials will be completed by June 25, 1976 and reported.

Results:

An outline containing a two fisted approach to classroom management and basic skills was completed. It attempted to combine reinforcement theory with the fundamental premises of Dreikur's principles on children's needs.

Both a manual and materials were completed and contained hands on practical strategies for teachers to use in their classroom.

The project planned to present an in-service on a county wide basis during the school year 1976-77. The format involved teachers pinpointing behavior on a target child/children, designing an intervention program and reporting final data for evaluation.

Third Party Evaluator's Comments:

This project completed each of its objectives and evaluation strategies as specified. Readers should note the alternate treatment strategies utilized by the project and the success of each. Costs for this program were $328 per child. Benefits to children, teachers, parents, and district administrators of this type of program is evident. Teachers often indicate weaknesses in handling behaviorally deviant children in their classrooms and this program provided a strategy for handling those children. Although much can be done with in-service training, it would appear that pre-training programs should devote more of their curriculum to showing potential teachers the strategies needed for dealing with behaviorally deviant children.

Title of Project: *Prescriptive Teaching for the Learning Disabled*

Location of Project: *North Marion Elementary School*

Population Served: *15 students*

Funding Allocated: *$17,000*

Project Beginning Date: *July 1, 1975*

Project Ending Date: *June 30, 1976*

Background and Rationale:

The Prescriptive Teaching for the Learning Disabled project was undertaken to meet the needs of L.D. students in providing alternative ways of learning. This project grew out of the expressed concern of the elementary counselor, teaching staff, and parents, who emphasized that such services were not then available for an estimated 5% of the school population who were "learning disabled." In addition to the learning disabled child, the project would provide services for children with identified behavioral problems.

Methodology:

The first step was to identify those children needing special services. This was done by: (1) teacher referral; (2) parent and/or other personnel referral; and (3) referral of all children who had been tested and identified by other outside agencies.

A total of 50 children were identified as learning disabled. Of these children, data were obtained on their performance in the classroom and/or tested and given individual prescriptions (See Objective 1 for tests used). Eighteen students were accepted into the resource room program for periods of one-half hour each, five days a week. During each period, children worked either individually or in small groups with the Learning Disabilities Specialist. Three of these students were present less than three months. Help was given classroom teachers, both in materials and behavioral programs which the children could work on in their classrooms. The method of teaching was basically the Orton-Gillingham approach which teaches the student to tell, see, and hear sound/symbol associations for reading, writing and spelling. Elements of Distar were also included.

Objectives:

1. *To increase the selected basic skills (math, reading, language) for those children designated as having extreme learning problems.*

Evaluation: A criterion referenced inventory will be designed and implemented for each child.

Results: Evaluation of student progress was by means of pre-posttesting using the same teacher made and/or standardized tests. Results were presented for 15 students enrolled in the Resource Room Program. All students showed gains in the phonics section of the Diagnostic Reading Inventory. With the exception of one student, who entered the program in March, all students showed at least 98% accuracy in phonics. Reading and spelling gains ranged from 10% to 32% overall. The Iota List of Isolated Words reflected gains ranging from .6 years to 2.7 years. Results on the Ayers Spelling Test ranged from .5 years to 2.3 years. At the end of May, three students still could not be tested in spelling, while four who could not be tested in the fall could be tested in spelling. Five students took both sets of the Oral Reading Test. Pre and posttest results showed gains of at least .3 years. Again, four students could only be tested in May making comparisons with previous scores impossible. Three students moved from the district before posttesting was completed. Because a new math program was being implemented in the elementary school, little special help was given in math. It was estimated that 10 children would be continued in the program next fall and that more math would be included. Tables 1 and 2 show examples of types of data reported on the 15 students enrolled.

2. *To reduce the number of deviant behaviors of those children referred by the classroom teachers.*

Evaluation: Baseline data will be collected on those children in the regular classroom. Intervention strategies for each child will be designed and implemented. Interim data will be collected for each child. Probes will be conducted by the extreme learning problems teacher.

Results: Ten students were referred by teachers because of behavioral difficulty in the classroom. Baseline data were obtained for seven children during classroom observations. Teacher conferences were held on all children, and suggestions as to how problems might be dealt with were given to parents.

Three classroom programs were set up: two programs for task completion, and one program to reduce talk-outs. The latter program was never put into operation since the child's family moved from the district prior to implementation. Results are presented for two students, Q and P, on task completion (See Tables 3 and 4). In the case of Q, it would appear the teacher has changed her expectations, and the student has not met them. However, Student P was able to meet the revised expectations.

Third Party Evaluator's Comments:

This project met each of the objectives and completed all of the data requirements of the evaluation plan. Unfortunately, the bulk of the data provided by this project could not (because of space requirements) be included in this report. Data were reported on 15 children, much of it graphed to show change over time as revealed by several diagnostic tests administered by project personnel. See Objective 1 for results of these tests. One test, the Diagnostic Reading Inventory, was a teacher made test showing the student's knowledge of sound symbol associations for reading and spelling. Results are reported in percent correct in phonics, reading and spelling.

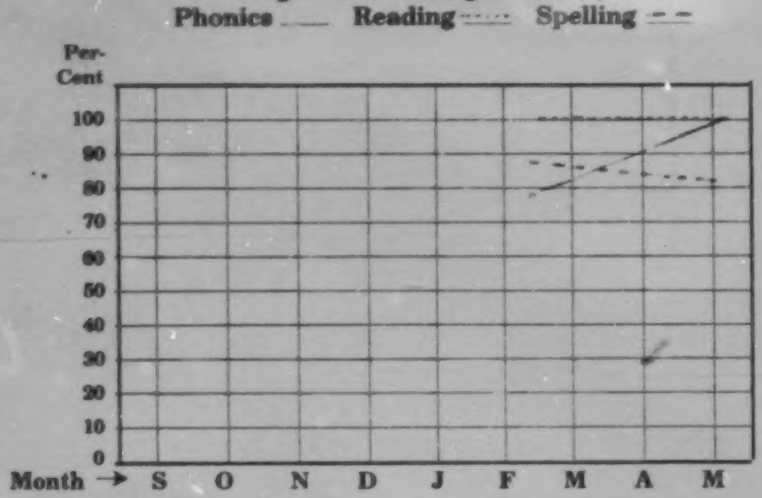
Project staff deserve to be complimented for running a project which proved highly sensitive to child change as a result of the excellent progress data collected.

Table 1

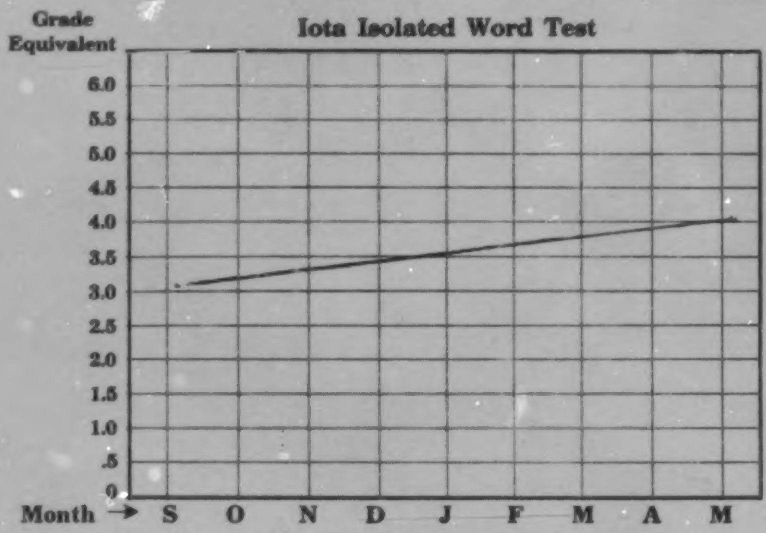
LEARNING DISABILITIES PROGRAM

Student B
Birthdate: 3-6-64

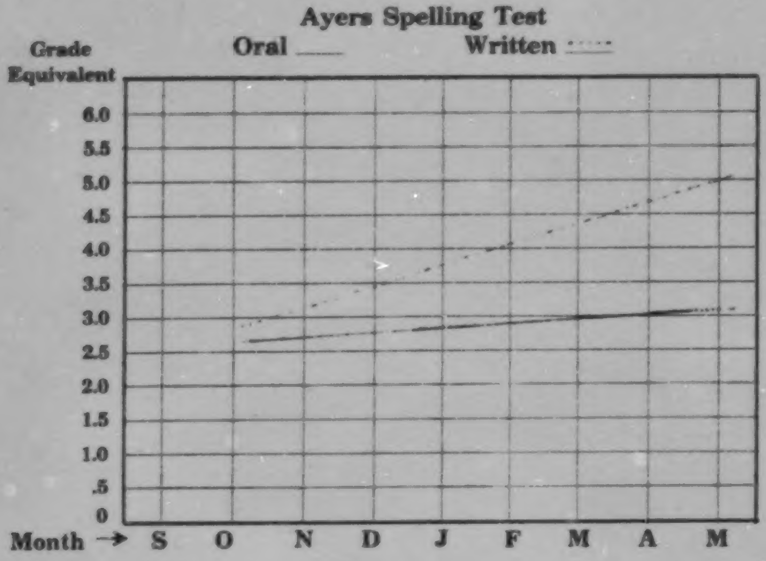
Grade & Teacher: ____________
Year: ____________
L. D. Spec. ____________



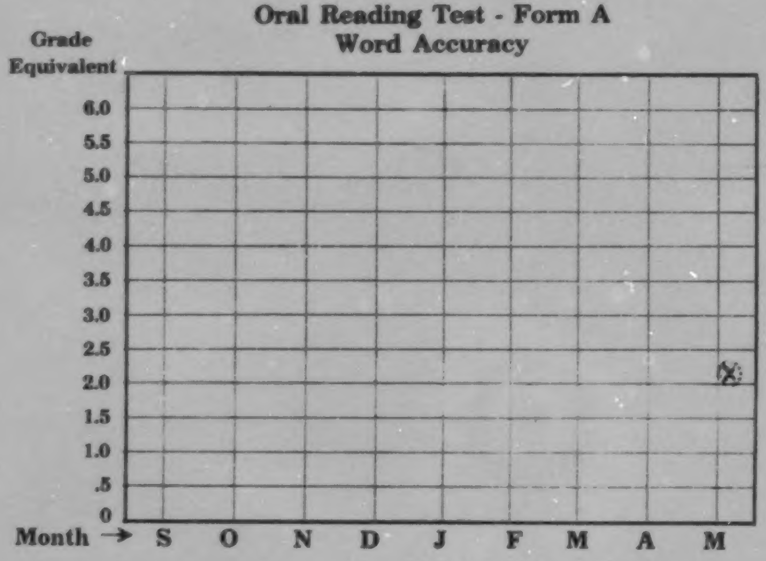
Diagnostic Reading Inventory I



Iota Isolated Word Test



Ayers Spelling Test



Oral Reading Test - Form A
Word Accuracy

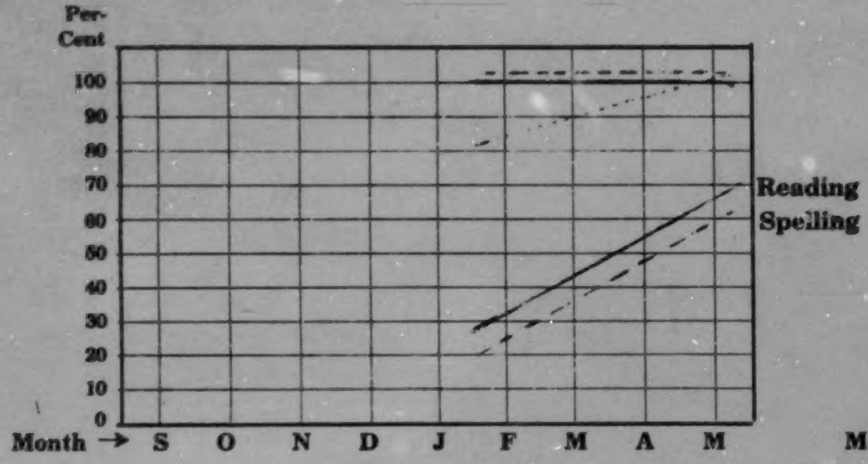
Comprehension: 100%—3rd gr. level
82%—5th gr. level
50%—6th gr. level

Student C
Birthdate: 5-9-63

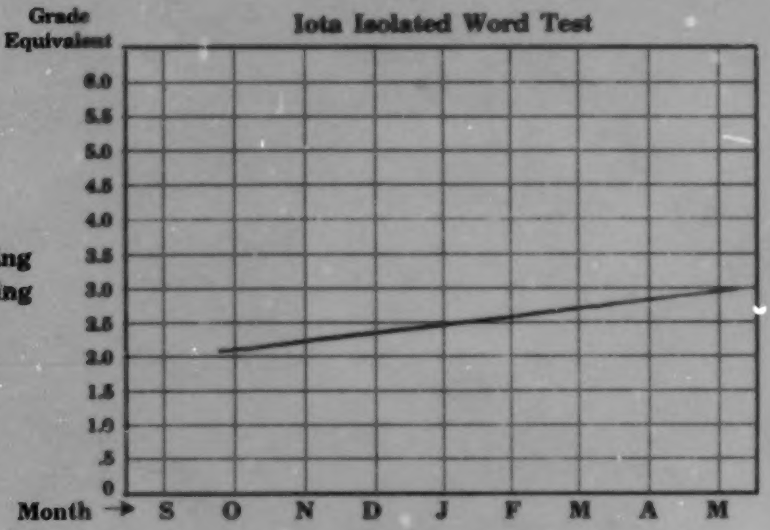
Table 2
LEARNING DISABILITIES PROGRAM

Grade & Teacher: ____________
Year: ____________
L. D. Spec. ____________

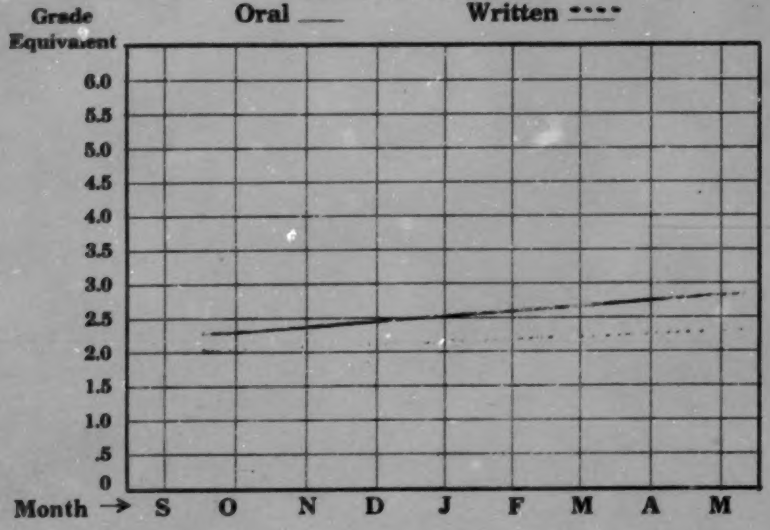
Diagnostic Reading Inventory I Ia (more difficult)
Phonics ___ Reading ..... Spelling - -



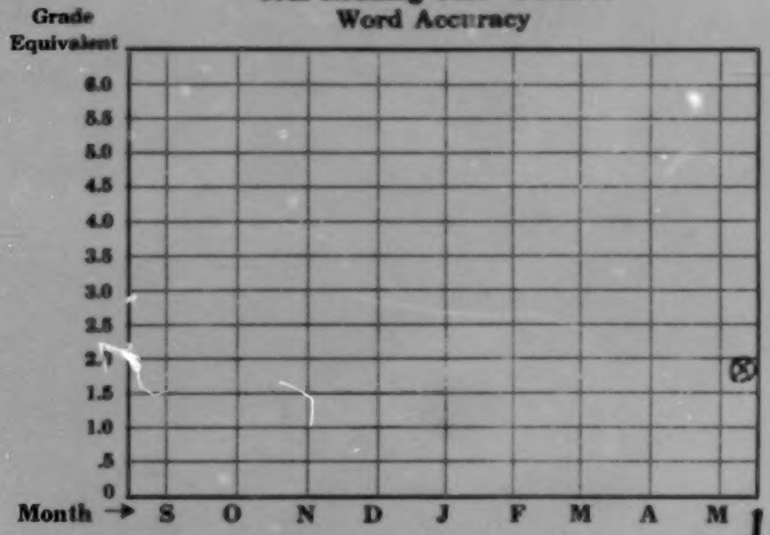
Iota Isolated Word Test



Ayers Spelling Test
Oral ___ Written ----



Oral Reading Test - Form A
Word Accuracy



Comprehension: 100% through 2nd gr. level
50% at 3rd gr. level

Table 3
Task Completion Data for Student Q

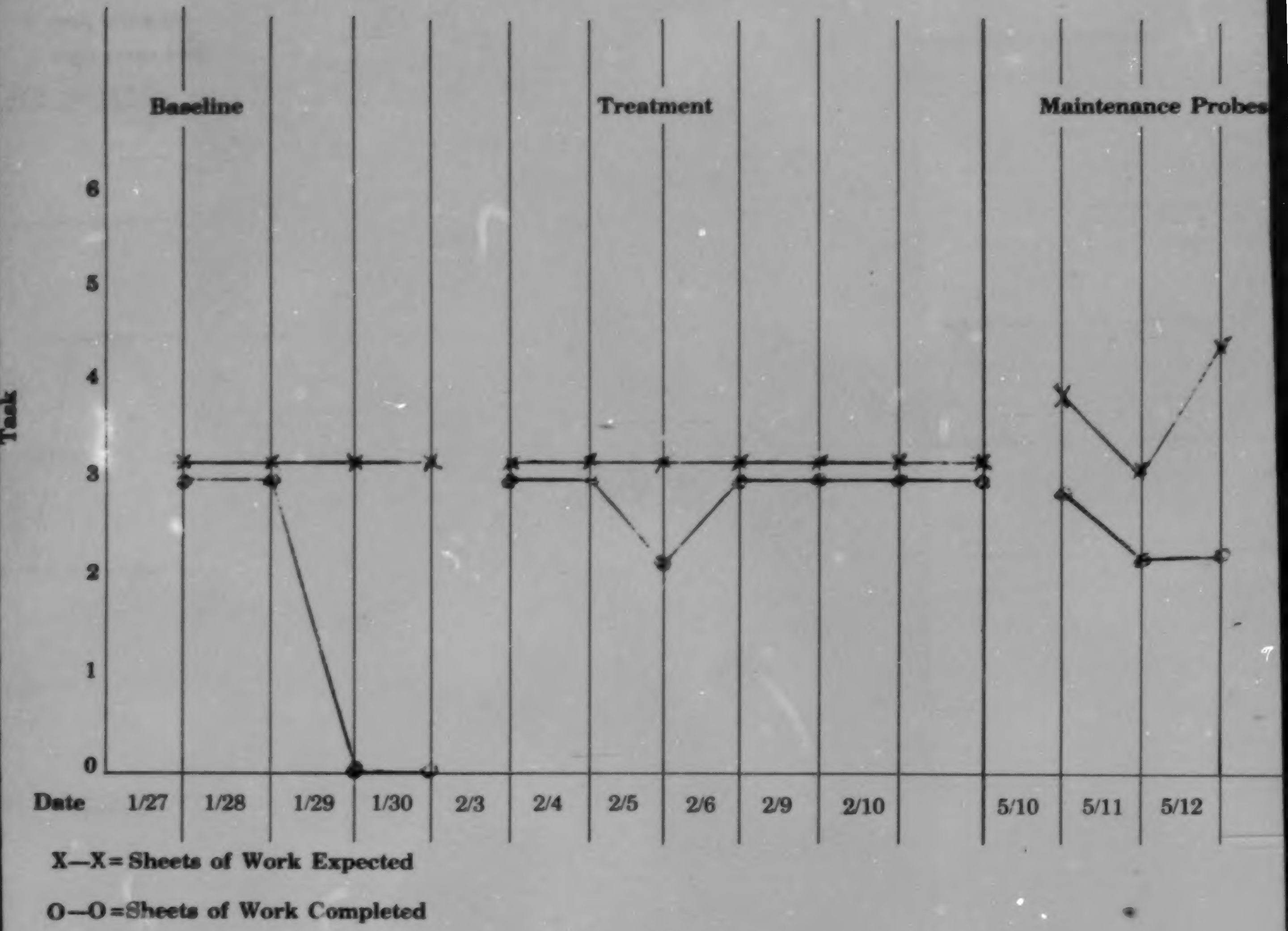
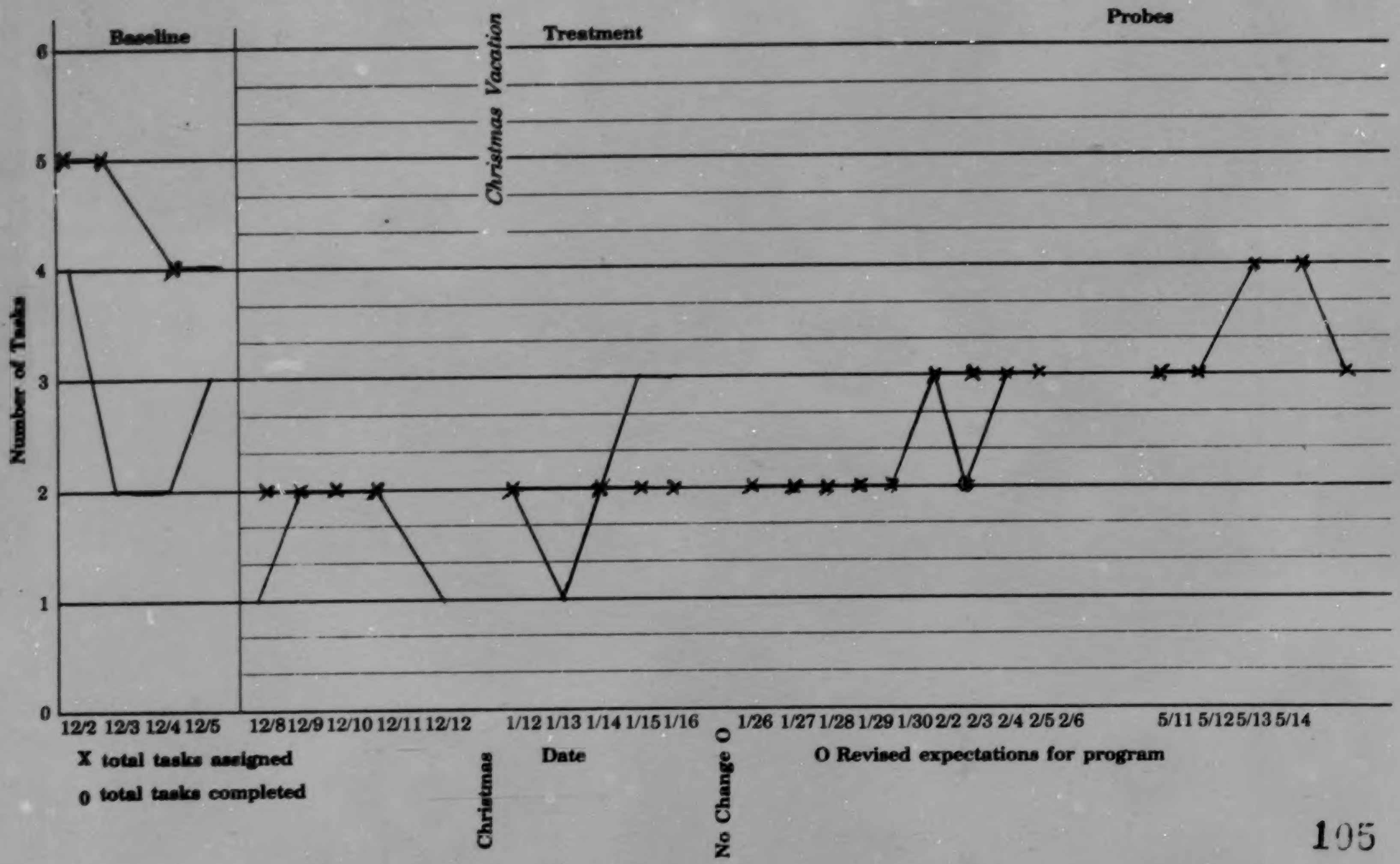


Table 4

Completion Date for Student P



Title of Project *Resource Intervention Specialist*

Location of Project: *Parkrose Public Schools, Portland*

Population Served: *Elementary Children*

Funding Allocated: *$15,000*

Project Beginning Date: *August 18, 1975*

Project Ending Date: *June 30, 1976*

Background and Rationale:

Careful review of the Parkrose educational program indicated a need for support and intervention programs within the mainstream of education for students with behavior and/or learning disabilities. These were usually students with behavior disorders who had not responded favorably to attempts of the regular classroom teacher, counselor, and building principal to control or modify the behavior. They were not served by any special education program. Although the District offered small-group instruction in basic academic skills there was a need for specialized support services to help teachers work successfully with children who found it difficult to operate efficiently within a classroom-size group. If children became so disruptive that they could not be educated in a regular class or if they demanded excessive teacher time, they were referred to the Parkrose Project, a self-contained classroom for emotionally handicapped children. In this program children received a highly individualized program and were gradually returned to the mainstream of education. However many children were not accepted into the Project because their parents would not allow it, their problem was not considered severe enough to require leaving the regular classroom or the Project had no openings. As a result the children received no special educational services. It was estimated that approximately forty children were in this category. The Resource Intervention project was designed to help meet the needs of these children.

Methodology:

A Resource Intervention Specialist and Intervention Aide were appointed. The Specialist had experience as a classroom teacher plus training and experience in Speech Pathology and experience with several types of exceptional children. The Intervention Aide had extensive experience in dealing with children with behavior and emotional handicaps. Working as an Intervention Team, the Specialist and Aide provided the following services to each elementary school: observation, consultation, individual and group intervention, teacher training and referral to other services. The Intervention Team received and processed referrals from classroom teachers, counselors, educational support personnel, and administrators. A behaviorist approach was utilized in that the children's specific behaviors were pinpointed as being instrumental or detrimental to academic success. The team attempted to identify the factors within the school environment—especially the behavior of significant people—which maintained the target behaviors in the child's repertoire. A plan was devised to manipulate these maintaining facts so that the incidence of the target behavior either increased or decreased. Children were frequently referred for disruptive and nonattending behavior. The Team found that teacher attention to these behaviors was frequently a maintaining factor. In addition the Intervention Team was frequently asked to consult and give suggestions to support personnel who then directly implemented a plan with a child. Both individualized and group intervention plans were utilized. The group methodology adopted was the Program for Academic Survival Skills (PASS). This program focuses on teacher behavior in that teacher formulates classroom rules and learns to reinforce these rules that students followed.

Objectives:

1. *Teachers will successfully implement a prescriptive program.*

Evaluation: Data will be collected on teachers on their ability to reinforce appropriate behaviors in individual and group settings.

Results: Because the majority of children were referred for disruptive and/or nonattending behavior and because teacher attention seemed to be maintaining these behaviors it was decided to include in all prescriptive programs the stipulation that teachers reinforce positive, or instrumental, behaviors. Programs were selected that were appropriate to a group of children.

Table 1 indicates that teachers did change their behavior in that they demonstrated the ability to identify and give attention to instrumental behaviors, i.e., those behaviors which are likely to contribute to academic success.

2. *Each child will demonstrate continuous growth through ongoing assessment and modification of his prescriptive program.*

Evaluation Intervention Team records that show evidence of modification of programs, implementation of tracking systems, test scores, observation records, and referrals to other agencies.

Results: The programs fall into two broad categories, academic and behavioral. Academic programs are defined as those designed to teach specific academic skills such as decoding skills in reading. The Monterey Reading Program was utilized as the intervention program for those children whose reading severely hampered their classroom performance. The Monterey programs are behaviorally oriented, highly structured sequences of instruction.

The Gilmore Oral Reading Test was given pre and post program to measure growth in reading. Table 2 gives Gilmore scores for two children in the Monterey Reading Program.

These data indicate that the children responded favorably to the Monterey programs. They maintained a high level of success within the program and demonstrated improved skill in reading.

The second broad category of prescriptive programs may be labeled as behavioral interventions.

Example 1: David, a first grader, was referred for talking-out, out-of-seat, and verbal defiance to adults. In consultation with the teacher it was decided to work on decreasing these behaviors by giving attention to imcompatible behaviors. The Specialist sat by David during a work period and gave verbal and token reinforcement for raising his hand to talk, staying in his seat, talking only about academic matters, and completing his work. Initially the Specialist praised David and put gummed stars on a chart for each 30 seconds in which David demonstrated the target instrumental behaviors. The stars were exchanged for extra recess time for the whole class. As David succeeded the time interval was gradually increased to five minutes and the Specialist sat further away. Tokens were faded as was the daily visit of the Specialist. Teacher's attention to positive behavior among the entire class was monitored, instruction given in techniques of descriptive praising. The Specialist gave feedback to the teacher regarding her attention to positive behaviors. David's response to the program is illustrated in Figure 1.

Example 2: Lauri, a third grader, was referred for slow rate of work completion, excessive requests for teacher help and out-of-seat behavior. In addition to the classroom activities Lauri attended small-group instruction with an educational support person to improve her reading skills. It was decided to reinforce Lauri's compliance with the following classroom rules: stay in seat during work time, work at academic work. Later another rule was added: look at your own work (looking away for more than five seconds duration was considered a violation of this rule). The Specialist sat by Lauri during seat work time and gave verbal and token reinforcement for each 30 seconds of following the rules. The tokens were exchangeable for free time for the entire class. As Lauri responded favorably the time interval was gradually lengthened to five minutes, the Specialist moved away from Lauri's desk, fewer tokens were given, the Specialist came to the room only intermittently. While this process progressed the teacher's rate of attending to instrumental behavior was noted, instruction in descriptive praising was given to the teacher, and feedback on her praise rate was given after each visit by the Specialist. Lauri's response to this program is illustrated in Figure 2.

Example 3: Norman was a third grade child referred for excessive touching, hugging, kissing, kicking, and fighting both in the lunchroom and on the playground. It was decided to reinforce hands-off behavior. The program was initiated in the lunchroom. The Intervention Specialist sat beside Norman in the lunchroom and praised him for keeping hands-off his peers. In addition a star was placed on a small chart for each interval of time in which Norman emitted no touches. The intervals started with 30 seconds and were increased up to 30 minutes. The stars were exchanged for free time for the entire class. As Norman progressed the lunchroom program was terminated and the playground program initiated. The Specialist accompanied Norman about the playground giving praise and stars. Gradually the interval was lengthened and the use of stars decreased. In these sessions, the Specialist sat on a bench and measured the time which Norman accrued with no touches. At the end of recess Norman was informed of the results. See Figures 3 and 4.

Example 4: Melissa, a third grader, was referred for inappropriate talk-outs and asking questions about irrelevant matters. In consultation with the teacher it was decided to reinforce appropriate attending to task, i.e. completing work, asking appropriate question, remaining in seat when appropriate. The proposed program was explained to the child by the teacher and Intervention Specialist and then implemented by the teacher. The teacher gave attention to Melissa's following of the above rules by verbal praising and marking a 3x5 card which was taped to Melissa's desk top. When Melissa met criteria the class was given free time. Initially the criteria was set at five marks within a ten-minute period. This program was gradually altered so that Melissa was earning twenty marks over a two-day period with the teacher keeping the record on her own desk. At this point the teacher reported satisfaction with Melissa's behavior and terminated the marking of the 3x5 card. The teacher continued with the verbal praising for "on-task" behavior. See Figure 5.

Children also met criteria in the following sample behaviors: staying in-seat when appropriate, asking appropriate questions, raising hand when appropriate, completing academic work, following teacher's verbal commands, following classroom rules, touching appropriately, speaking loudly at appropriate times.

3. *Those children whose disabilities severely hinder their skill development will receive intensive intervention designed to remove or minimize limiting factors.*

Evaluation: Prescriptions and modifications will be on file. A log to indicate increased support in length and frequency of Specialist preparation in a classroom will be recorded. Parent involvement will be recorded. A list of community resources involved and results obtained will be reported.

Results: Three children were given intensive intervention for academic problems, two for reading and one for language. These programs are described under Objective 2.

Behavioral programs were designed for 18 children. The Intervention Team implemeneted the prescription for seven of the 18 behavior disorder children. Teachers implemented ten programs and a parent implemented one. Table 3 indicates a decreasing amount of Intervention Team contact with the teacher and/or child through 30 days of the programs. The increase in contacts beyond the 30-day interval reflects end-of-year rechecks and review of programs plus the fact that several programs continued beyond 30 days. See Table 3.

This data indicates that intervention support was given as needed and withdrawn as the child and teacher demonstrated decreased need.

Most parent contacts were made by the teachers and/or school counselors. The Intervention Team did make *87* direct parent contacts with *14* families. In addition the Intervention Team appeared at three parent meetings, contacting *45* parents. The content of these discussions were to give information regarding the child's apparent needs and the educational plan; to elicit parent's assistance in formulating a plan to elicit the parent's approval for implementing a plan; to suggest home training activities; and to suggest placement in educational agencies other than the Parkrose Public Schools.

Community resources were utilized in that one child was referred to Edgefield Lodge, one child was referred to the Diagnostic Classroom operated by the Multnomah County I.E.D. and the counsel of the Multnomah County School Mental Health Consultant was utilized with many children. Specifically the School Mental Health Consultants were responsible for bringing the PASS program training to the Intervention Team.

4. *Children who are currently enrolled in the Parkrose Project for emotionally handicapped children will be mainstreamed into the regular classroom.*

Evaluation: Records of the observation of the project class and the regular class will be kept. A follow-up procedure and forms will be completed. A log will indicate the gradual support withdrawal, crises intervention and parent involvement.

Results: Prior to the implementation of the Resource Intervention program several children from the Project were placed in regular classrooms within the District. As a result only one child appeared to be ready for mainstreaming during the 1975-76 school year. Three other children were considered but the Project staff, after a more thorough review of their progress, decided to delay mainstreaming until next year. Records indicate that *28* conferences were held with the Project staff, *10* observations were made in the Project classrooms, *4* observations were made of prospective regular classrooms and *10* classroom teachers were asked to consider receiving a child from the Project.

Third Party Evaluator's Comments:

Objective 1 focused on training teachers to reinforce appropriate behavior of children. These data indicate that nine teachers increased their rate per minute of positive from .51 to .84 response in an individual setting and from .36 responses per minute to 1.00 per minute in a group setting. This objective was met based on these data.

The second focus of the program was to demonstrate gains made in the reduction and elimination of behavior problems and growth in academic skills. Table 2 and Figures 1 to 6 amply demonstrate gains made by target children in this project. These data are samples of data taken on all project children.

Data from Objectives 3 and 4 indicate that contact with regular teachers, children and administrators in the elementary schools was extensive. In addition, many contacts were made with parents to facilitate their child's progress.

One concern of the third party evaluator is that more children were not mainstreamed into the regular classroom. A recommendation to the project staff is to place greater priority in this area in future years.

The model selected for delivery of service to this population is a desirable one. Training classroom teachers to administer programs for behavior problems and to increase their skills in classroom management is appropriate to the philosophy of the State of Oregon. The obvious advantage is that teachers can continue to utilize these skills in the classroom with other children.

Table 1

Teacher Consequation of Appropriate and Inappropriate Behavior of Children

Type of Program	Before Training		After Training			
	Mean Response Per Minute to Appropriate Behaviors of Children	Mean Response Per Minute to Inappropriate Behaviors of Children	Mean Response Per Minute to Appropriate Behaviors of Children	Mean Response Per Minute to Inappropriate Behaviors of Children	Number of Teachers Directly Involved	Percent of Teachers Meeting Criteria
Individualized	.51	.54	.84	.23	9	44
Group Programs (PASS)	.36	.87	1.00	.3	2	100

Table 2

Response to Monterey Reading Program

Child	Pre-program scores in grade equivalents		Post-program in grade equivalents		Growth in Accuracy	Growth in Comprehens	Mean % Correct: (Words)	Mean % Correct: (Sentences)	Number of Sessions
	Accuracy	Comprehension	Accuracy	Comprehension					
J.R.	2.1	2.8	3.7	4.8	1.6	2.0	90.39	78.87	38
J.W.	3.5	2.1	3.7	3.6	.2	1.5	95.38	84.79	40

Table 3

Intervention Team Contacts with Students and/or Teacher Re: Intensive Behavioral Intervention Programs

Time Interval	10 days after referral	20 days after referral	30 days after referral	Beyond 30 days after referral
Number	47	28	23	98
Mean	2.23	1.33	1.09	4.66

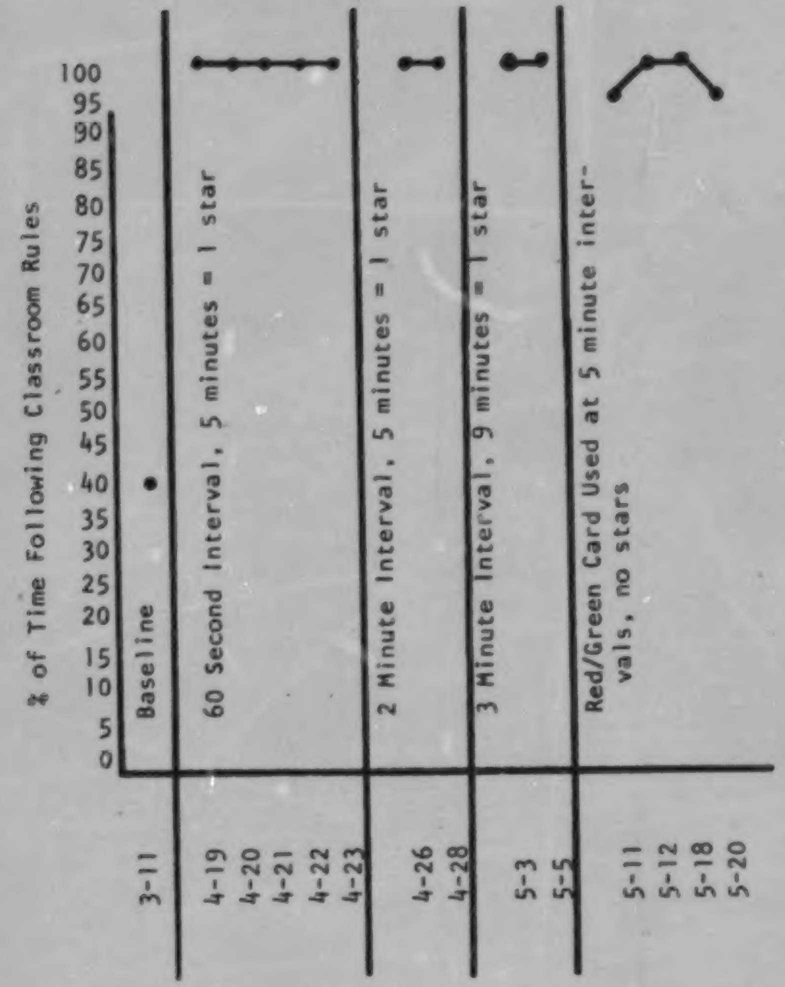


Figure 1.

Figure 2.

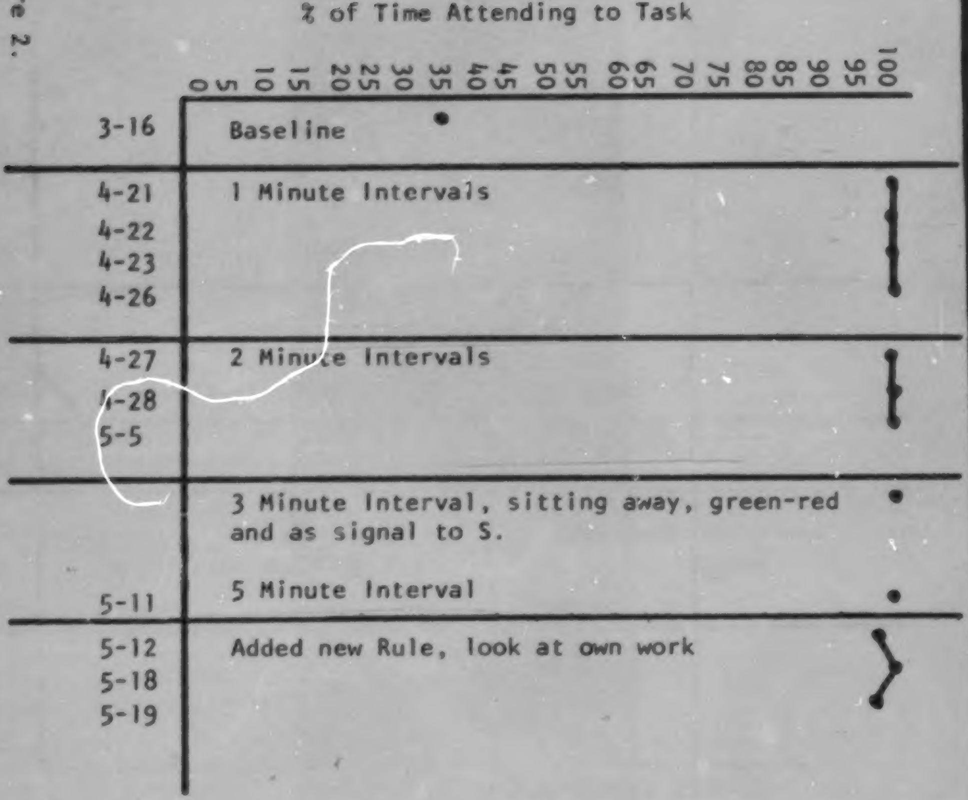

% of Time Attending to Task
0 5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95 100
3-16
Baseline
4-21
4-22
4-23
4-26
1 Minute Intervals
4-27
4-28
5-5
2 Minute Intervals
3 Minute Interval, sitting away, green-red and as signal to S.
5-11
5 Minute Interval
5-12
5-18
5-19
Added new Rule, look at own work

Figure 3.

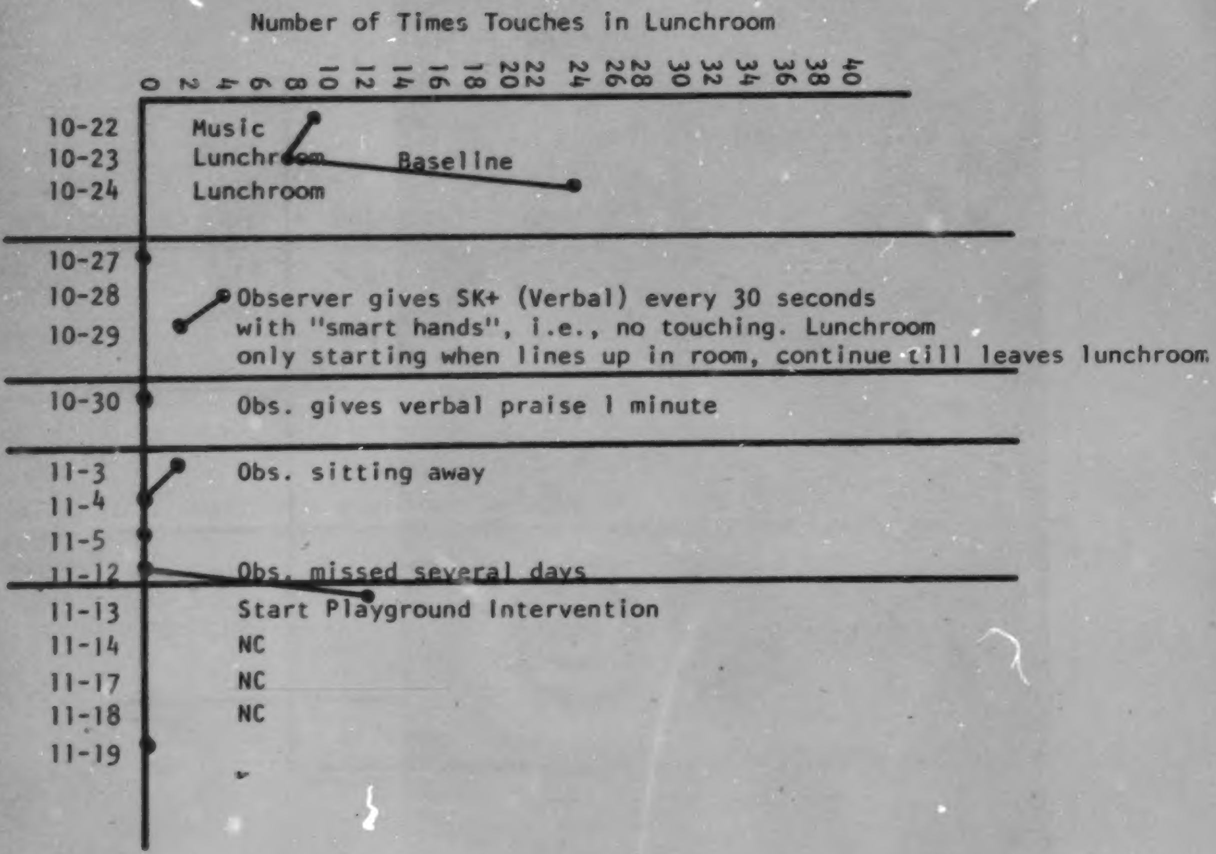
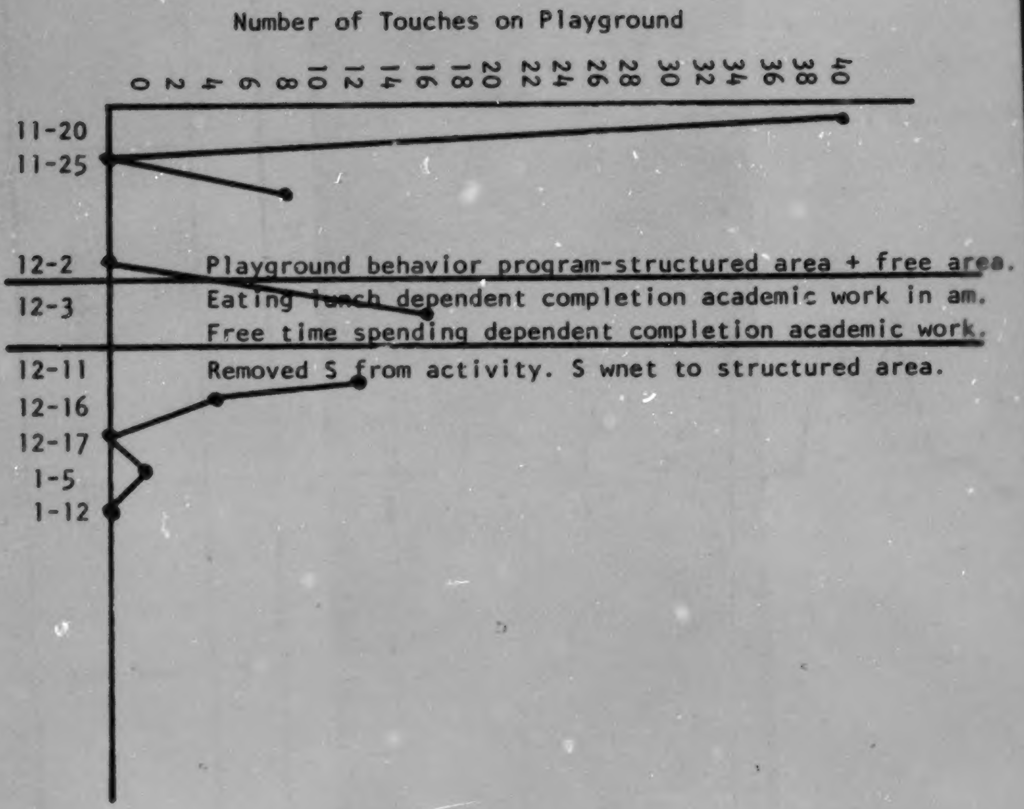

Number of Times Touches in Lunchroom
0 2 4 6 8 10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40
10-22
10-23
10-24
Music
Lunchroom
Lunchroom
Baseline
10-27
10-28
10-29
Observer gives SK+ (Verbal) every 30 seconds with "smart hands", i.e., no touching. Lunchroom only starting when lines up in room, continue till leaves lunchroom
10-30
Obs. gives verbal praise 1 minute
11-3
11-4
11-5
11-12
Obs. sitting away
Obs. missed several days
11-13
11-14
11-17
11-18
11-19
Start Playground Intervention
NC
NC
NC

Figure 4


Number of Touches on Playground
0
2
4
6
8
10
12
14
16
18
20
22
24
26
28
30
32
34
36
38
40
11-20
11-25
12-2
12-3
12-11
12-16
12-17
1-5
1-12
Playground behavior program-structured area + free area.
Eating lunch dependent completion academic work in am.
Free time spending dependent completion academic work.
Removed S from activity. S wnet to structured area.

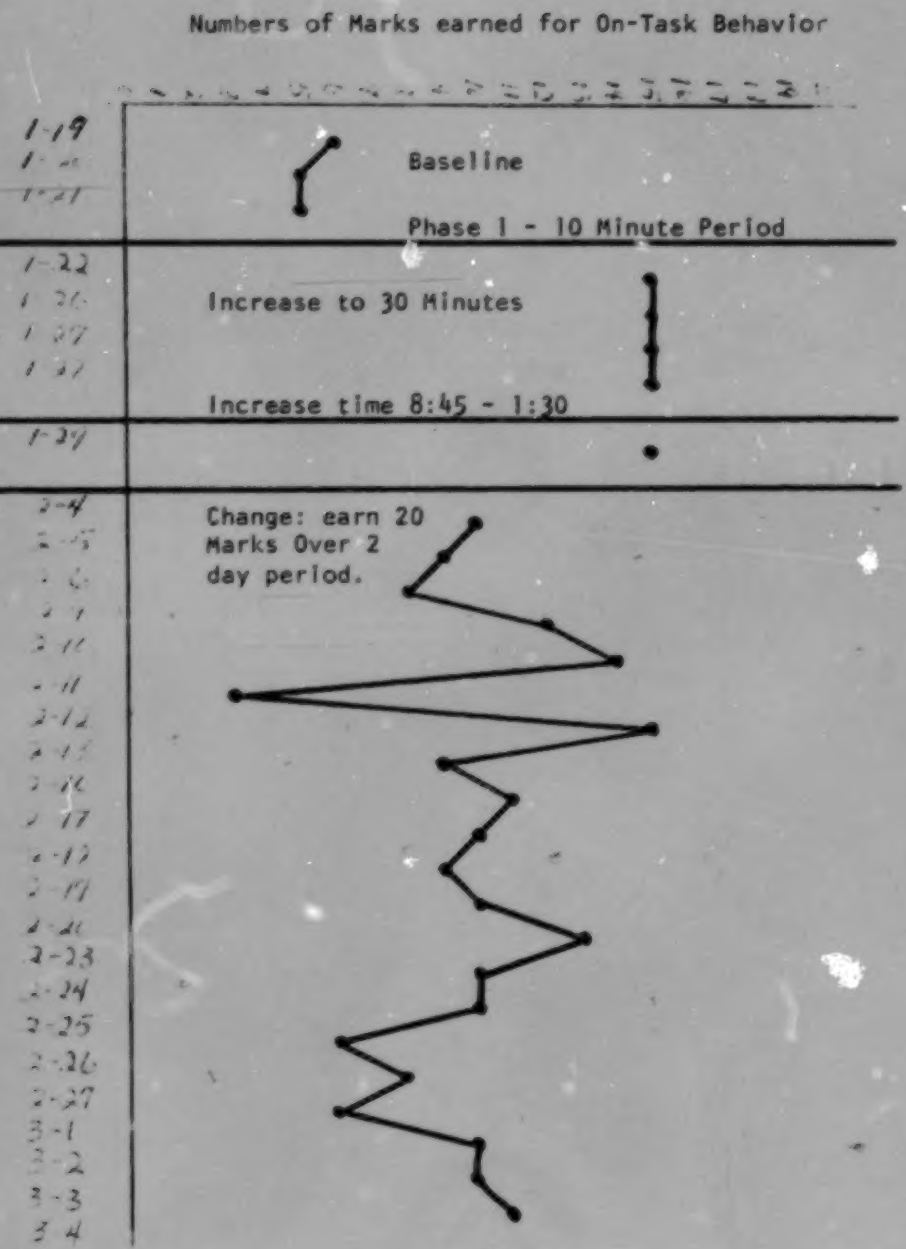

Numbers of Marks earned for On-Task Behavior
Baseline
Phase I - 10 Minute Period
Increase to 30 Minutes
Increase time 8:45 - 1:30
Change: earn 20 Marks Over 2 day period.
1-19
1-21
1-22
1-29
2-4
2-5
2-10
2-11
2-12
2-13
2-17
2-19
2-20
2-23
2-24
2-25
2-26
2-27
3-1
3-2
3-3
3-4

Figure 5.

Title of Project: *Pleasant Hill Emotionally Handicapped and Learning Disabled*

Location of Project: *Pleasant Hill Elementary School*

Population Served: *12 Emotionally Handicapped and Learning Disabled*

Funding Allocated: *$16,200*

Project Beginning Date: *July 1, 1975*

Project Ending Date: *June 30, 1976*

Background and Rationale:

The Pleasant Hill School District 1 is located in the southern tip of the Willamette Valley, about a 10 minute drive from Eugene. The district covers an area of 113 square miles with an estimated population of 5,000 persons. The majority of the populace either drives into Eugene for employment or works in the forest products industries in Oakridge for the Cascade Range of mountains east of the school district. The school district has only limited financial support from industry and depends almost entirely upon local property taxes for support.

The educational system of the district follows a 3-3-2-4 plan with a total of 1,400 students and 81 certified staff members involved. Within this student population, 260 students are currently enrolled in the primary school, 300 in the elementary school, 270 in the junior high school and 495 in the high school. It is the belief of the district that the development of a person's perceptions of himself is a continuing process which requires constant focus on relevant experiences throughout his entire life. Therefore, it is the responsibility of the district to recognize the needs of the individual and provide an instructional program consistent with that need.

The 1973-74 survey of the Pleasant Hill School District educational program indicated a specific need at the elementary school for students with an emotional handicap and/or learning disability. The elementary staff members prepared in writing a pilot project to provide a behavior/emotional modification program and an intensive instructional program to alleviate most deviant behavioral problems. The project was approved by the Pleasant Hill School Board and the Oregon Department of Education and was implemented in September 1974.

Methodology:

The Resource Class had the same project staff and continued with basically the same format during its second year of operation.

The staff included: Project Teacher with eight years of teaching experience; an M.S. in Education and currently working on an ELP certificate; Instructional Aide who had a great deal of interest in and practical knowledge of student learning and behavioral development; and the Elementary Counselor (not paid by project funds, but worked closely with staff and pupils).

The class was set up as a highly structured, individualized program with emphasis on various behavioral strategies to reinforce positive learning and social skills.

Twelve fourth and fifth graders participated in the program this year. The students were recommended by staff members and were accepted after parents met with the Resource Teacher to learn about the program and sign a written permission slip. The pupils came to the Resource Class during their morning language arts/math block and returned to their homerooms for lunch and the afternoon schedule with their regular classes.

Several of the students returned daily, or as needed, in the afternoons for tutoring, counseling, or special projects. One girl came in weekly with three friends for a half hour session of needle craft. This activity proved to be so successful that similar projects are being planned for next year.

The counselor met regularly with many of the pupils on an individual basis and in addition conducted a group session once a week, emphasizing self concept and relationships with others.

Objectives:

1. *To change the behavior of the socially maladjusted, emotionally disturbed child so that he can function adequately in the regular classroom.*

Evaluation: Hill Walker Behavior Identification Checklist and Devereaux Elementary School Behavior Rating Scale will be given on a pre-post basis.

Results: The Hill Walker and Devereaux tests were administered after the classroom teacher and resource teacher had had an opportunity to observe the students for several weeks, and again at the end of the term.

The Walker Checklist has five scales representing five areas of behavior that interfere with classroom achievement. A t score of 60 is considered high in the behavioral area defined by the items in that scale. As shown by Table 1, all children showed a decrease in their score from the first score. Nevertheless, students 5, 6, 7, 8 and 9, although showing a significant drop, are still above the 60 t score, indicating that they still have much room to improve.

Table 1

Hill Walker Behavior Identification Checklist

T = 60
N = 14

Student	Pretest	Posttest	Difference
1	46	43	3
2	51	45	7
3	60	55	5
4	65	61	4
5	83	67	16
6	77	55	22
7	68	55	13
8	82	60	22
9	89	77	12
10	77	69	8
11	49	44	5

Table 2 shows the results of the Devereaux Behavior Rating Scale. Eleven behavior areas are measured by the Devereaux Behavior Rating Scale and a profile is drawn, based on the scores of each factor. The norm is considered to be any score that falls between the 1 SD to +1 SD. Anything above +1 SD is indicative of an abnormally high amount of a particular behavior.

Three behaviors that were above +1 SD were selected for each child. The pre post data in Table 2 represents the median score for these areas. The norm is the median score in the "acceptable behavior" range. Column 3 shows the difference in pre—posttest scores and Column 4 compares the median post score to the norm for these behaviors.

Again, as in the Walker Checklist, many students show a significant change in their scores, but only Students 1, 6 and 9 are within the norm. Others while showing decreases still evidence an excess in scores that are indications of problems in academic achievement.

Both the Walker Checklist and Devereaux Behavior Rating Scale can encourage subjective evaluations by the teacher and thus may represent the teacher's attitude toward the student at that point in time.

Table 2

Devereaux Elementary School Behavior Rating Scale

N = 10

Student	Norm	Pre	Post	Difference	Comp. of Past to Norm
1	11	16	9	7	−2
2	10	12	11	1	+1
3	12	21	14	7	+2
4	10	15	12	3	+2
5	10	16	12	4	+2
6	12	20	11	9	−1
7	15	23	17	6	+2
8	13	17	12	5	+1
9	11	16	11	5	0
10	12	18	13	5	+1

2. *To increase the academic skills of selected children in the area of reading and math.*

Evaluation: Gates-Mac Ginitie Reading Tests and Stanford Diagnostic Reading Tests were given at the beginning and end of the term.

Results: Reading levels are shown in Table 3. All students show gains in both vocabulary and comprehension skills.

Results of the Stanford Diagnostic Math Test are shown in Table 4. The difference in pre—post scores indicates a definite increase in math skills by most of the students.

3. *To change the behavior of selected classroom teachers so they can change the behavior of socially maladjusted, emotionally disturbed children so that they can function adequately in the regular classroom.*

Evaluation: Teachers design a program for a specific behavior and collect data for that behavior.

Results: A workshop for teachers was conducted by Manny Lotito, Behavior Specialist for Eugene School District 4J. Forty-five staff members from the primary, elementary and junior high school attended.

Twelve teachers and aides worked with the Resource Teacher in designing intervention programs for children enrolled in the Resource Room. The purpose was to enable these children to make satisfactory adjustments within the regular afternoon classes. Teachers selected overt uncooperative behaviors such as fighting, talkouts in class, defiant statements, etc.

Table 3

Gates-Mac Ginitie Reading Test

N=9

Student	Grade	Vocabulary			Comprehension		
		Pre	Post	Difference	Pre	Post	Difference
1	4	3.3	5.7	2.4	2.8	4.6	1.8
2	4	3.1	4.4	1.3	2.7	5.6	2.9
3	4	2.3	3.0	.7	1.5	2.0	.5
4	5	3.7	5.6	1.9	3.9	5.0	1.1
5	5	1.6	2.7	1.1	1.9	3.4	1.5
*6	5		4.4			3.1	
7	5	3.5	4.4	.9	2.8	4.1	1.3
8	5	1.4	2.8	1.4	2.2	3.5	1.3
9	5	2.4	4.4	2.0	2.4	2.6	.2

*Student #6 absent at time of pre-test.
Students 10-12 enrolled for math only.

Table 4

Stanford Diagnostic Math Test

N=12

Student	Concepts			Computation			Number Facts		
	Pre	Post	Diff	Pre	Post	Diff	Pre	Post	Diff
1	2.3	4.3	2.0	2.7	3.5	.8	C	B	1 level
2	3.7	6.6	2.9	3.1	4.1	1.0	C	B	1 level
3	2.5	4.1	1.6	2.0	2.9	.9	C	C	Same
4	2.7	4.4	1.7	2.9	4.1	1.2	C	B	1 level
5	2.1	2.5	.4	2.4	3.5	1.1	C	B	1 level
* 6		2.8			2.6			C	
7	2.3	3.1	.8	2.8	2.5	−.3	C		
* 9		4.3		4.2				B	
10	2.1	3.3	1.2	2.5	4.1	1.6	B	B	Same
11	2.0	3.6	1.6	2.8	3.9	1.1	C	B	1 level
*12		2.5		2.1				C	

*Entered late. No pre test scores available.
Student 8 not in math class.

Table 5 compares the average number of uncooperative behaviors weekly—during baseline, with the number of uncooperative behaviors tallied during the intervention program. All children showed a decrease in uncooperative behavior.

4. *To decrease the number of hours per day that each child is spending in the Resource Room.*

Evaluation: A log will be kept on each child covering the amount of time spent in the regular classroom and the resource classroom.

Results: Table 6 shows the dates of student entry and departure from the Resource Room and the

Table 5

Uncooperative Behaviors Tallied By Teachers

Teacher	Student	Baseline # of Behaviors	Reduction # of Behaviors	Difference in # of Behaviors
1	5	8	0	8
1, 2	10	18	9	9
3, 4	8	2	1	1
3, 4, 9	8	23	3	20
4, 5, 10	7	31	6	25
6, 7	1	5	0	5
8, 11	9	12	2	10
12	2	8	2	6
12	4	14	4	10

number of hours spent daily. Because many of the students were seriously below grade level in reading and math and the class served to increase the academic skills as well as to change behavior, it was difficult for the Resource Teacher to return students to the regular class. Gains in both academic achievement and social skills had to be indicated in order to increase time in the regular classes. Two students made sufficient growth to decrease their hours spent daily in the Resource Room and return to their regular reading or math classes.

5. *To change the behavior of selected parents so that they can change the behavior of their socially maladjusted, emotionally disturbed child so that he can function adequately in the home.*

Evaluation: Parents will design a program for a specific behavior and collect data for that behavior.

Results: A parent workshop was conducted by Manny Lotito in October. Approximately 35 parents of children in the Pleasant Hill School District attended. All parents of children in the Resource Class were strongly encouraged to participate, but only two parents actually came.

Parents were not required by the workshop instructor to submit their data or intervention program. Therefore, it was difficult to make contacts for individual collection. Nevertheless, many parents expressed appreciation for learning the techniques and methods to design programs in the future.

Third Party Evaluator's Comments:

In reviewing the data submitted for Objective 1 the results section speaks to the reduction of scores toward the norm for selected children on the Hill Walker Behavior Identification Checklist and the Devereaux Elementary School Behavior Rating Scale.

In reviewing the objective the third party evaluator and the Teaching Research staff will have to accept the responsibility for approving the Hill Walker Behavior Identification Checklist and the Devereaux Elementary School Behavior Rating Scale, a pre—posttest indicating change in child behavior. When these instruments are used on a pre-posttest basis the only subject that can be logically discussed is a change in the teacher's attitude toward the child at time the instrument is completed. Individual child data or data summarized on Table 5 would be far more appropriate for this objective.

For Objective 2 the results are contained in Tables 3 and 4. The results for reading were impressive as there was a mean gain of 1.3 for nine students in vocabulary and 1.2 gain in comprehension.

Those data discussed in the results section for Objective 3 speak to the reduction in uncooperative behaviors in the classrooms of 12 teachers working in the district. (See Table 5.) The twelve teachers worked with 54 students reducing the number of uncooperative behaviors by 8%. Programs written and implemented for selected children would probably be more effective.

The data for Objective 4 dealing with the reduction of the number of hours a child spends in the resource room are contained in Table 6. There was no significant decrease in the number of hours spent by students in the resource room.

The highlight of the project year was the impressive academic gains made by most of the students in the class. Those kinds of gain suggest well organized and planned academic programs.

Table 6

Log of Attendance

Student	Enrolled Resource Room	Left Resource Room	Hours Per Day (Beginning)	Hours Per Day (End)	Difference
1	9/8/75	4/30/75	3	2	1
2	9/8/75		3	3	
3	9/26/75		3	3	
4	9/2/75		3	3	
5	11/4/75	5/3/76	3	1	2
3	10/6/75		3	3	
7	9/8/75		3	3	
8	9/22/75		2	2	
9	4/15/76		3	3	
10	10/15/75		1	1	
11	2/19/76		1	1	
12	4/30/76		1	1	

Title of Project: *Center for Autistic Children*

Location of Project: *Helen Gordon Day Care Center, Portland State University*

Population Served: *Autistic Children, 18 Months to 8 Years*

Funding Allocated: *$59,000*

Project Beginning Date: *July 1, 1975*

Project Ending Date: *June 30, 1976*

Background and Rationale:

Experimental programs from around the country had been finding that early intervention was resulting in dramatic gains with autistic children. The Autistic Child Center was established on the basis that what worked best in these centers would be incorporated in one location under the best staff-pupil conditions possible.

A funding base other than Title VI funds and integration of an expanded model of the Autistic Child Center will probably occur within the next two or three years in the greater Portland metropolitan area. In the meantime, however, the Autistic Child Center has filled several critical gaps.

First, the Autistic Child Center met the needs of several autistic children who had never before been in formal programs. Second, services were provided to autistic children which school districts had identified as not being served.

An additional component of the program was the training provided for pre-professionals about to enter their careers with the handicapped.

Methodology:

The Autistic Child Center curriculum focused on language, social, and self-help programs. Each child spent from 60 to 70% of a 5 hour day in language development programs.

The language program begins by reinforcing imitative sound production and moves through a sequence consisting of describing environment, labeling objects, labeling actions, expressing wants, identifying people, asking questions and sequencing events.

A second methodology utilized with the children was the Non-Speech Language Initiation Program (Non-Slip) developed by Dr. Joseph Carrier and Timothy Peak. Through use of color and shape discrimination, a child learns to describe a picture with a seven word sentence by correct sequencing of plastic chips.

The third major language instructional procedure was the signed-speech method developed by Dr. Benson Schaeffer. The method incorporates imitative speech with the teaching of sign.

All programs, language and otherwise, were data-based to the extent that every child's response was recorded. This data was summarized daily for purposes of making program decisions and indicating the rate of learning for a particular task.

Objectives:

1. *Elimination of self-stimulatory behavior.*

Evaluation: Baseline and probe data will be taken on each behavior.

Results: Baseline data for self-stimulatory behavior was collected on nine children during the first three weeks of fall term. These behaviors included teeth grinding, hand biting, spinning, head banging, hitting face and hand waving in front of face. Intervention techniques included ignoring, punishment procedures, restraint and differential reinforcement of other behaviors. Data based on random fifteen minute time samples during free play periods provided information on generalization of intervention procedures. The mean percent of time spent engaged in self-stimulation behavior for the nine children during the fall period was 44%. An assessment in January indicated that this behavior had decreased to 9%, and a final assessment in May showed that the self-stimulatory behavior for these nine children had decreased to less than 1% during the free play generalization periods.

2. *Develop, implement, carry out and evaluate individualized language programs.*

Evaluation: The approach for evaluation of the objective was continuous evaluation through the use of data collection.

Results: We utilized three different language programs. These are: Lovaas' imitative sound production technique, the Non-Speech Language Initiation Program (Non-Slip) developed by Carrier and Peak, and the signed-speech procedure developed by Schaeffer.

Vocalization was evaluated for generalization during random fifteen minute free play area observations. Data were collected on the Informal Data Sheet. Beginning, middle and end of year mean number of spontaneous verbalizations for eight children were as follows: fall term: 5.5; winter term: 9.5; and spring term: 17.0.

The Non-Slip program consists of twelve major program steps. All children were new to the program. As of June 1, 1976, children had progressed through the program in the following manner (see figure 1).

Program Step	Program Task	Number of children who finished
1	Number Matching	10
2	Color Matching	10
3	Rote Sequencing	10
4	Shape Matching	10
5	Picture Matching	10
6	Labeling Program	9
7	Subject Nouns	8
8	Verbs	7
9	Objects of Prepositions (Labeling)	6
10	Objects of Prepositions (Constituent Selection)	5
11	Prepositions (Constituent Selection)	3
12	Speech Training	3

Figure 1

All children were new to the signed-speech program. Seven of the ten children were placed into signed-speech. The sequence consists of teaching a child ten nouns, and then phrases such as "I want ________." Figure 2 illustrates the number of signs that each child had functional use of as of June 2, 1976.

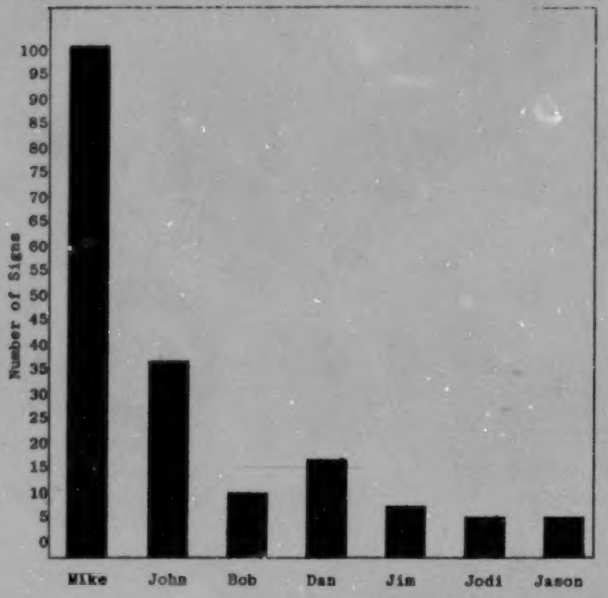
3. *Develop, implement, carry out and evaluate individualized social skills programs.*

Evaluation: Continuous measurement based on Precision Teaching techniques will be utilized.

Results: Programs and data collection focused on the two areas of: generalized appropriate play and self-help skills.

Appropriate play was evaluated during the fifteen minute free play observation periods on the Informal Data Sheet.

Figure 2
Signed Speech



From baseline in September to June 1976, the mean percent of appropriate play for the ten children as assessed by the random fifteen minute samplings changed from 15% to 72%.

The following chart (figure 3) indicates that the ten children have successfully worked through a total of 49 self-help skill programs.

4. *Teach parents techniques used in the classroom for use in the home.*

Evaluation: Operant Conditioning to evaluate generalization into the home.

Results: Parents met regularly with staff and were trained to develop and implement home intervention programs in support of school programs. The parents actively participated once a week for 2 hour periods in working with their child under the supervision of the staff. Figure 4 shows the type and number of programs conducted by the parents. The parents as a group completed 165 programs.

5. *To train four to six PSU graduate students per term in skills required to conduct a setting for severely impaired preschool children.*

Evaluation: Objective performance checklist based on desired competencies.

Results: The Autistic Child Center staff has trained approximately six to sixteen university students per term (fig. 5).

Figure 3

SELF-HELP SKILLS
October 1975 to June 1976
School and Home

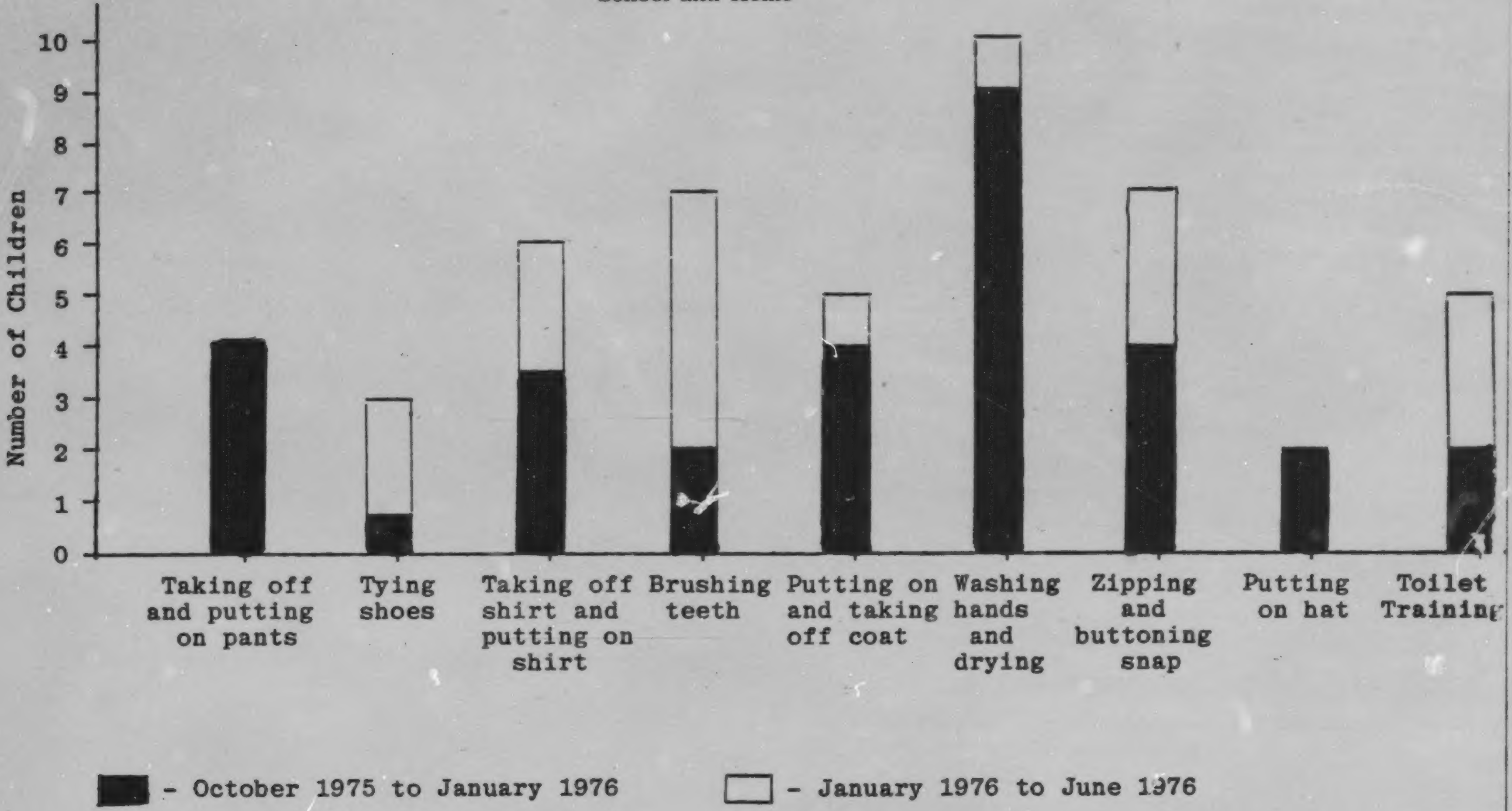
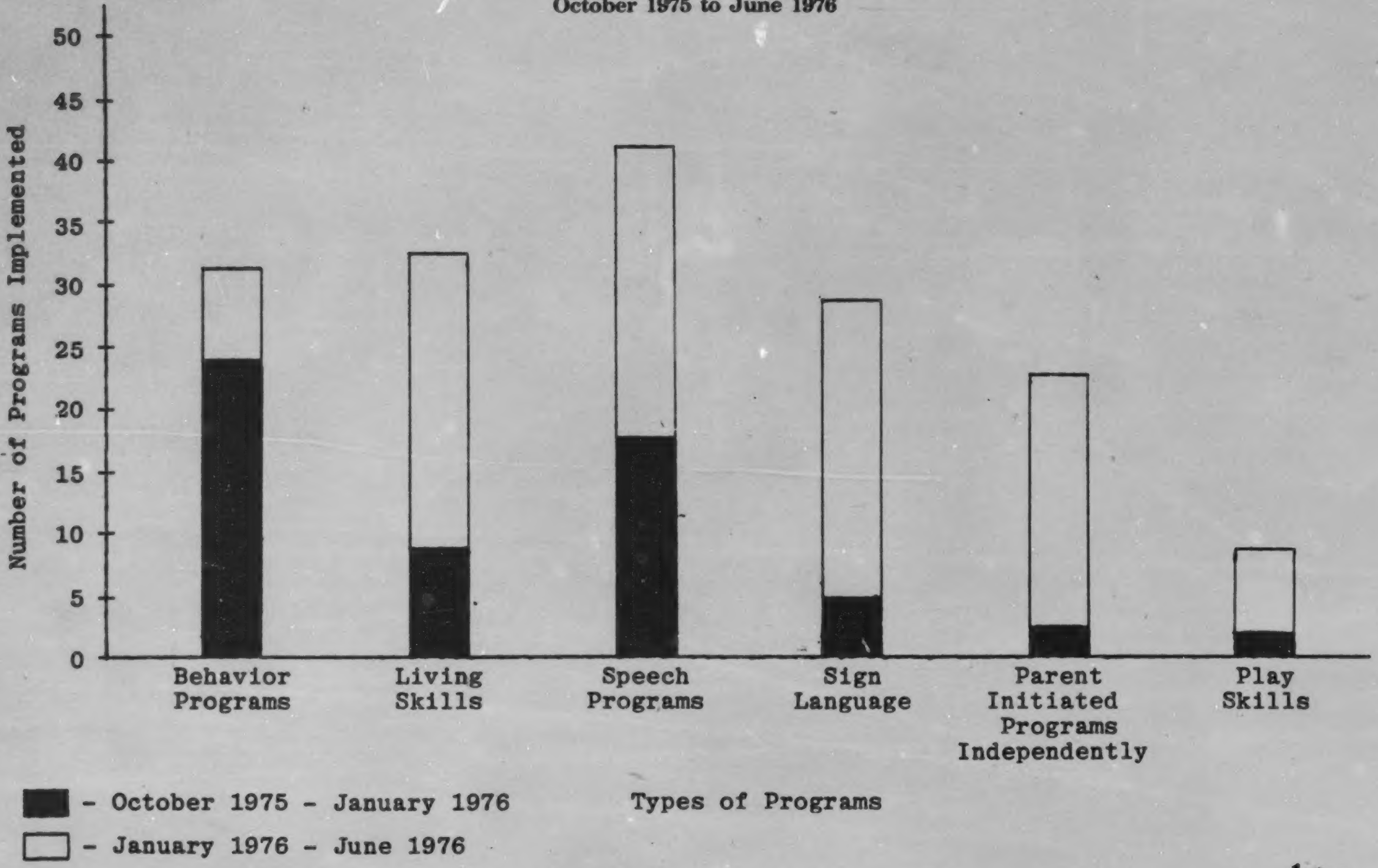


Figure 4

TYPES AND NUMBER OF PROGRAMS IMPLEMENTED IN THE HOME BY
October 1975 to June 1976



The students have been trained utilizing behavior modification and precision teaching procedures in program design, implementation and evaluation of academic and behavioral programs for one to three students per term. In areas of curriculum the students became familiar with the vocalization program by Ivar Lovaas, Sign-Language and Vocalization by Benson Schaeffer and Non-Slip by Joseph Carrier and Timothy Peak.

Figure 5

	1st term	2nd term	3rd term
Work/Study	4 UG 1 G	4 UG 1 G	5 UG 1 G
Volunteer	0 UG 2 G	1 UG 1 G	1 UG 3 G
Practicum	2 UG 1 G	4 UG 2 G	3 UG 1 G
Scholarship	6 G	5 G	4 G
Total Staff	16	22	18

G = graduate
UG = undergraduate

It should be stated that the majority of the students that were college work/study or scholarship students were also receiving practicum credit.

6. *To provide a day care experience for autistic children in an integrated setting.*

Evaluation: Objective performance checklist based on desired competencies will be utilized.

Results: By spring term five children spent from fifteen minutes to one and a half hours a day in the adjoining day care center or out in a public school. The integration process included such activities as eating lunch, small group activities, arts and crafts, play skills and pre-academic activities.

A summary of the results are as follows.

Figure 6

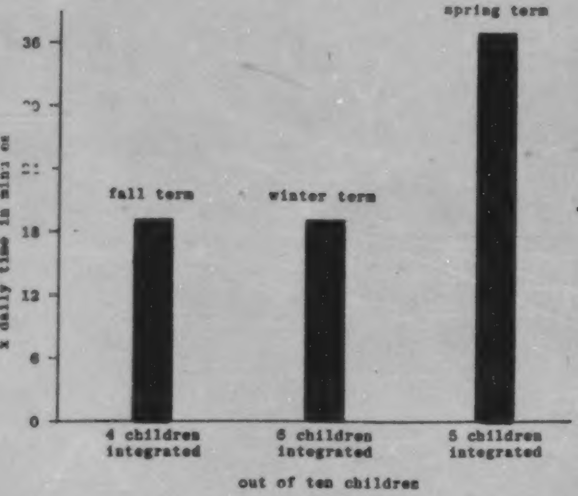


Figure 7 summarizes the total number of programs on which each child met the criterion level of acceptable performance. In addition, the number of programs run by each child's parent, the number who were integrated into a regular classroom, and the child's recommended placement for 1976-77 are displayed.

Third Party Evaluator's Comments:

Data displayed in the final report by the project staff indicate that each of the objectives for this project were met. The project director and staff are to be commended for outstanding professional service that was provided to handicapped children, parents and other professionals through this project.

The major focus of this project was to provide language skills to autistic children. The 10 children progressed through steps in the Non-Slip Program as shown in Figure 1. They also acquired 180 functional signs which is a mean of 25.71 signs for each of the seven children involved. However, the most dramatic gains noted were the increase in spontaneous verbalizations per ten minute observation. These data noted an increase from 5.5 words in the fall to 17.0 words during the spring term. It should be noted that few projects who deal with language have data to support the effect that daily language programming has had over the spontaneous verbalization of a child.

The parent data presented is equally impressive. Parents of the 10 children administered and completed 165 programs with the children. This represents a mean of 16.5 programs completed per family over the academic year.

This third party evaluator would encourage other professionals who are training handicapped children to observe and replicate the procedures used in this project.

SUMMARY PAGE

			PROGRAMS COMPLETED						
NAME	AGE	SCHOOL DISTRICT	Non-Slip	Sign	Behavior Social & Self-Help	Vocalisation	Parent Training	INTEGRATION	RECOMMENDED 1976-1977 PLACEMENT
Bobby	7	Portland	6	10	5	31	15		A.C.C.
Jim	8	Beaverton	6	9	5	4	12		A.C.C.
Mike	4	Lake Oswego	7	100	2	27	31	X	Satellite-Beaverton
Matt	8	St. Helens	compl progr	0	2	37	5	X	Satellite-Beaverton
Dan	7	Portland	6	18	12	33	37		A.C.C.
John	7	Beaverton	9	36	3	19	22		A.C.C.
Jason	3	Portland	4	4	2	4	10		A.C.C.
Jodi	3	David Douglas	0	5	2	9	6	X	A.C.C.
Evelyn	4	Portland	8	0	3	52	19	X	Satellite-Beaverton
Junior	5	North Clackamas	compl progr	7	8	32	19	X	Satellite-Beaverton

Figure 7

Title of Project:	*Reading for Children with Learning Disabilities*
Location of Project:	*Portland School District #1*
Population Served:	*Approximately 70 Learning Disabled Students*
Funding Allocated:	*$36,578*
Project Beginning Date:	*June 1, 1975*
Project Ending Date:	*June 30, 1976*

Background and Rationale:

An evaluation of Portland Area 1 elementary school children indicated that there were a large number of children who were learning disabled. The majority of these disabilities were focused in reading. It was agreed by administration and staff that a different approach to teaching reading was required to eliminate the lack of skills demonstrated by Area 1 elementary children. The Slingerland Method was adopted as the method to be used.

Beth H. Slingerland, a teacher in Renton, Washington, in the early 1960's adapted individualized methods to teach 25 children in a classroom situation. In 1960, Beth H. Slingerland started training teachers in Renton, Washington, in her classroom adaptation of the Orton-Gillingham method, which is based on the inter-relationships of auditory, visual and kinesthetic elements in the development of speech, reading, writing, spelling and concept building. The program Mrs. Slingerland devised now serves approximately 1,000 children with language learning difficulties in the Renton, Washington School District. Similar school programs have been initiated and teacher training programs made available in other parts of Washington, California, Texas, Montana, Oregon and Massachusetts.

This project had as its focus to train elementary teachers to utilize the Slingerland Method and to subsequently demonstrate changes in child behavior.

Methodology:

Thirty experienced primary level teachers were selected from 15 elementary schools, each agreeing to screen students for specific language learning disability and to use the Slingerland Method in their classes during the 1975-76 school year.

A contract of performance was entered into with the Special Education Department of Portland State University. The University employed two highly qualified instructors from Renton, Washington to conduct a seminar and practicum at Hayhurst Elementary School. The program included:

1. Daily demonstrations of the teaching techniques with groups of children.
2. Opportunity to work with an individual child each day throughout the session.
3. A daily lecture period by staff.
4. A course in phonics.
5. Specific language disability teaching techniques in reading, spelling and writing.
6. Discussion and study periods.
7. Testing and evaluation techniques.
8. Opportunity to make materials for future use with SLD children.

Thirty children, grades 1 through 4 were enrolled in the summer session. Teacher's enthusiasm with the sessions was high; the teachers were unanimous in their agreement that the session was the best educational experience they had ever had.

When the school year began, children were screened with Slingerland Tests to insure appropriate placement and classes of approximately 25 members were set up in the schools. Consultant service was provided by the University to assist and monitor the conduct of the classes, distribute materials and otherwise insure the smooth operation of the program.

Objectives:

1. *To increase the skills of children enrolled in the program in the area of reading.*

Evaluation: The evaluation consisted of a pre and posttest of third graders using the California Test of Basic Skills, Form C in November 1975 and Level 1 in April of 1976.

Results: All the data are available in complete form but for the purposes of this report the following summary of the results is presented in Table 1.

Table 1

Summary of Reading Scores on the California Test of Basic Skills

School	N	November	April	$\bar{x}$ Gain
Ainsworth	11	3.2	3.6	.4
Gray	22	3.3	3.9	.6
Maplewood	19	3.5	4.4	.9
Peninsula	7	2.3	3.1	.8
Wilson Park	11	2.9	3.9	1.0
	70	$\bar{x}$ 3.2	$\bar{x}$ 3.9	$\bar{x}$ .7

In reading the summary one needs to bear in mind the explanation above regarding the five month span in testing time which means the students had been exposed to the program two months before they were tested which certainly had some effect on their beginning scores. The early posttesting also undoubtedly affected their ending scores. The gain of seven months in reading achievement is well above what one might expect considering that these groups were composed of children with extreme learning problems and for whom the prognosis for achievement was poor.

2. *To increase the skills of each child in the area of handwriting.*

Evaluation: The method chosen to evaluate handwriting was to ask pupils to write the following short paragraph in the latter half of September 1975. The same groups (classes) were then asked to write the same paragraph in the latter half of May 1976. The paragraph was:

"Bobby had two big fat balloons. The lady gave some to little Donny and to me. They went high up in the air."

Results: The method used in judging or grading the samples was a modification of *Freeman's General Merit Handwriting Scale* which takes into account: (1) ease and fluency; (2) legibility and form. Included in form there should be a balance between the following elements of form: (1) spacing; (2) alignment; (3) letter formation; (4) uniformity in size; and (5) uniformity in slant.

The scale has a five point scale that involves grading the samples as follows: very low, below average, average, high average and very high, using the entire number of samples and grading each against the lows, medians, and highs of the group. Table 2 summarizes the data collected. All samples were graded by two impartial judges.

It can be seen from these data that there was considerable upward movement in the quality of handwriting performed by most pupils, e.g., in September 75% of the pupils were in the below average or very low category. In May, only 25% were in that group. On the higher end of the continuum there were only 1% of the pupils in September and in May there were 32%.

It would appear from this that the handwriting component of the Slingerland program has a considerable degree of effectiveness. This is also borne out by the enthusiasm of the teachers using the method.

Third Party Evaluator's Comments:

Data submitted for Objective 1 indicate that there was a mean of .7 months gain in reading across 70 elementary students between November 1975 and April 1976. Pre and posttest dates varied slightly because of test schedules. The duration between tests was approximately 5 to 6 months. These data would indicate that gains were made and therefore the objective was achieved. However, during this third party evaluator's visit to the project in December 1975, the pretest data were presented on 94 children as opposed to the 70 children on which data were presented in the final report. No explanation was provided for the absence of these data on 24 children. The report indicated that 17 teachers were trained who would ultimately serve 425 children in 25 classrooms. It should be noted that the third party evaluator and the project director agreed that a sampling of the data would amply demonstrate the success or failure of the project. The population agreed upon was approximately 100 students.

The data presented for improvement in handwriting skills demonstrates that gains were made. Seventy-five percent of the children were in the very low or below average category in September and 27% were in these categories in May. Only 1% were in the high average or very high category in September and 32% were in these two categories in May.

While the two objectives for this project were achieved, it is questionable to this evaluator whether the money expended for inservice training on the Slingerland method and the consultative services by Portland State University produce dramatic effect on this child population. The mean gain in months of .7 over a five to six month period is average at best, and does not warrant the monies expended on the inservice training.

Table 2

Results of Grading Handwriting Samples

Adjective Classification	Very Low	Below Average	Average	High Average	Very High	
No. of points	1	2	3	4	5	
Group I (Sept)	8	1	6	0	0	
(May)	1	3	3	4	3	
Group II (Sept)	9	11	1	0	0	
(May)	0	5	9	10	2	
Group IV (Sept)	14	12	4	0	0	
(May)	1	2	5	9	6	
						Total 93
# Of Pupils in Sept.	43	33	16	1	0	
% of total in category	40%	35%	17%	.01%	0%	
# of Pupils in May	6	17	23	26	15	87
% of total in category	7%	20%	26%	15%	17%	

Title of Project: *Multisensory Assistance Program*

Location of Project: *Portland Public Schools, Area 1*

Population Served: *Emotionally Disturbed Pupils*

Funding Allocated: *$14,500*

Project Beginning Date: *July 1, 1975*

Project Ending Date: *June 30, 1976*

Background and Rationale:

Portland School District #1 has identified a number of adolescents, age 15 to 21 years, with varying learning disabilities and behavior problems. Existing junior high and high school programs have been unable to meet the educational needs of these students. This project was originally funded through Title VI for the fiscal year 1974-75. However, due to the allocation of funds the project even though approved was not provided funding during that year. Subsequently, Portland School District, using school district funds and a small grant, initiated the program in Portland School District, Area 1. The project was operational through the school year 1975-76. Data from that year indicated the project had made impact on the population named and was well accepted by teachers, administrators and parents. However, local district funds and the private funding are not available for this school year. Therefore, it was necessary to submit a request for funds under Title VI-B to provide these necessary services for this population in Portland School District #1.

Methodology:

This project was conducted from July 1, 1975 through June 30, 1976. The project was housed in Jackson High School in Portland. Services were provided on a regular school day basis five days a week from approximately 9:00 a.m. to 3:30 p.m. The major focus of the project was to provide tutorial assistance in basic academic skills to those students who required it and to reduce or eliminate deviant social behaviors, on an as needed basis. The population involved high school students between 13 and 21 who had previously experienced difficulty in achieving success in regular high school programs because of learning problems and/or behavior problems.

Individual behavioral goals were established for each student in the areas of academics and deviant social behaviors. Behavior modification procedures were utilized to assist the students to achieve academic goals and to reduce or eliminate behavior problems specified. Contracts were designed to assist the teacher and the student to reduce deviant behaviors.

The completion of academic goals was accomplished by the use of individual tutoring. In addition to the teacher and the aide, students from Jackson High School also worked as aides to provide a more individualized program. Peer teaching techniques were also utilized in the multi-assistance program in that one student in the program would tutor another where appropriate depending on their levels of achievement.

Another aspect of the program was to assist students to develop leisure time activities. These activities were conducted in class and/or individual basis. Activities ranged from hiking and bowling to building models and playing instruments. The students were encouraged to participate in activities that they had not previously demonstrated the skills to do. The intent of this was to increase the amount of constructive activities during free time periods after school.

In addition to working on deviant social behaviors and providing tutorial assistance in basic academic skills, the project staff provided training in pre-vocational skills which would later assist the student to fill out a job application form and secure employment in the community. Also, efforts were made to integrate each student back into the regular classroom setting whenever possible. This integration was done based on the student's performance in various academic skills and the absence of behavior problems which prohibited him from participation in regular classrooms at the high school level.

Objectives:

1. *Selected academic areas for selected students will be taught.*

Evaluation: The Peabody Achievement Test will be given on a pre and posttest basis.

Results: Seven students were tested on the Peabody Achievement Test. Six of the seven showed some gains on the total test scores. One student showed no gain. However, three students showed gains ranging from 1.0 year grade equivalency to 18 years grade equivelency. Some losses were noted for subtests of the Peabody. The mean gain made by all students was .71 year grade equivalency. Table 1 displays these data for all students.

2. *To reduce the number of deviant behaviors for selected students.*

Evaluation: Collect baseline data, design and implement intervention strategy, conduct periodic probes to monitor the maintenance of the program. These data will be reported.

Results: A total of eight students participated in the project during this past year. Two students were dropped after three months because of poor attendance.

Baseline data, goals, and the level at which these students were functioning at the end of the year can be seen in Table 2. Data were collected once a week for 15 minutes in the morning and 15 minutes in the afternoon.

3. *To increase the work experience skills of each student.*

Evaluation: A career card with pertinent information to fill out a job application was provided for each student. The students will be asked to fill out an application form using the card as a reference. This will be done on a pre—posttest basis.

Results: Table 3 shows the number of errors that students made using the card as a reference on a pre-posttest basis.

It should be noted that three of the six students reduced the number of errors on this task to zero. The mean number of errors on the pretest was 8.33 and on the posttest 1.0 errors.

4. *To increase the integration of each student into the regular classroom.*

Evaluation: A log will be kept for recording the length of time each student spent in the regular class and special class.

Results: All students increased the amount of time spent in the regular classroom. Out of the seven students served, one will be completely integrated into the regular program next year. Two other students, C and F, are projected to be completely integrated by the second half of next year. Table 4 shows the integration of all the students. It was possible to spend 33.75 hours in the regular classroom.

Table 1

Pre—Posttest Data on the Peabody Achievement Test

NAME	PIAT	MATH	READ. REC.	READ. COMP.	SPELL.	GENL. INFO.	TOTAL TEST
	Pre.	9.2	9.5	8.1	7.7	9.8	8.7
Student A	Post.	7.8	10.9	10.2	10.4	9.4	9.4
CA 15-11	Diff.	−1.4	+2.8	+ .7	+2.7	− .4	+ .7
	Pre.	4.4	5.2	5.3	3.7	6.3	5.0
Student B	Post.	8.4	6.0	5.5	4.6	6.8	6.0
CA 16-11	Diff.	+4.0	+ .7	+ .3	+ .9	+ .5	+1.0
	Pre.	4.9	3.9	3.9	2.7	7.8	4.2
Student C	Post.	5.3	3.1	3.7	2.8	7.0	4.2
CA 16-6	Diff.	+ .4	− .3	−.2	+ .1	+ .8	0
	Pre.	4.9	12.4	8.8	8.7	5.0	7.7
Student D	Post.	6.9	Over 12.9	7.5	8.7	5.8	8.4
CA 16-2	Diff.	+1.5	+ .5	+1.3	0	+ .8	+ .7
	Pre.	4.2	4.4	4.7	3.5	5.6	4.5
Student E	Post.	4.9	5.8	5.3	6.0	7.2	5.8
CA 15-7	Diff.	.7	+1.4	+ .6	+2.5	+1.6	+1.3
	Pre.	4.9	4.4	5.4	3.7	10.7	5.5
Student F	Post.	4.2	7.0	9.5	6.0	10.5	7.1
CA 16-6	Diff.	− .7	+2.6	+5.1	+2.3	− .2	+1.8
	Pre.	1.1	1.3	1.3	1.4	4.0	1.7
Student G	Post.	1.8	1.9	1.9	1.7	4.4	2.0
CA 15-8	Diff.	+ .7	+ .6	+ .6	+ .3	+ .4	+ .3

Table 2

Summary of the Reduction of Behavior Problems

Student	Baseline	Goal	Rate at Termination of Program
A	11 days per month out or late	3 days per month out or late	10 days out or late
B	7.15 minutes per 15 minutes crying, screaming, yelling	3 minutes per 15 minutes	2.6 per 15 minutes
C	18 times per 15 minutes saying negative things about himself	6 times per 15 minutes	5.5 times per 15 minutes
D	9.3 minutes per day social interaction with other students	1 hour of social interaction per day	1 hour and 12 minutes of social interaction
E	5.7 minutes off task per 15 minutes	3 minutes per 15 minutes	1.5 minutes per 15 minutes
F	10 times in 15 minutes exhibiting violent behavior	4 times per 15 minutes	3.7 per 15 minutes
G	Off task 17 times per 15 minutes	9 times per 15 minutes	7.9 per 15 minutes

Table 3

Errors on Filling Out an Application Form

Student	Pre-total # of Possible Responses	Pre-Total # of Errors	Post-Total # of Possible Responses	Post-Total # of Errors
A	21	6	21	0
B	21	5	21	0
C	21	10	21	2
D	21	16	21	3
E	21	5	21	0
F	21	8	21	1
	$\bar{x}$ = 8.33		$\bar{x}$ = 1	

Table 4

Time Spent in Regular Classroom

Student	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	September 1978
A	...	...	3.40	3.40	...
B	14.40	14.10	23.10	29.60	33.75
C	11.75	7.60	22.50	7.60	19.00
D	...	...	3.40	3.40	10.90
E	3.40	3.40	10.90	10.90	14.65
F	10.25	10.25	21.40	25.40	25.00
G	3.40	3.40	6.80	6.80	10.90

Third Party Evaluator's Comments:

Data submitted by the project staff for objective 1 which focused on improving basic skills for students indicates that Objective 1 was met. With the exception of one student, all made gains as demonstrated by the data in Table 1.

However, data submitted for objectives two and three were less than desirable. Table 2 shows pre and posttest data on six students, one deviant behavior per student. It would seem that there were many other behaviors that required attention based on the project's description of the population to be served. No other data were reported.

Related to the data presented in Table 3 (errors committed by students while filling out application forms), gains were made by students on this activity. The project staff indicated they taught other pre-vocational skills to students. However, no data were provided in the final report to substantiate new skills acquired by students.

Table 4 does demonstrate an increase in time spent in the regular classroom. This may or may not be appropriate. Additional time spent on pre-vocational skills and basic academics in this setting might well be more beneficial than sending students back to traditional academic classrooms.

Recommendations for the future would include: (1) greater emphasis on behavior problems and pre-vocational training; and (2) a more systematic data system to demonstrate skills acquired or deviant behaviors reduced, and to make decisions about the appropriateness of the procedures used for remediation.

Title of Project: *Portland Developmental Kindergarten Project*

Location: *Portland School District #1*

Population Served: *90 Developmentally Disabled Kindergarten Children*

Funding Allocated: *$80,000*

Project Beginning Date: *August 15, 1975*

Project Ending Date: *June 30, 1976*

Background and Rationale:

Special educators have long maintained that learning problems of children could be prevented or at least limited if developmental deficits were identified and appropriate individual programs were developed and implemented very early in the children's educational program. The sooner a child can be identified and appropriate programs designed for him, the quicker the identified learning deficits can be ameliorated. Based on this premise, the Portland Developmental Kindergarten project was designed and implemented. The major purpose was to identify children with suspected learning disabilities in kindergarten programs and provide appropriate remedial techniques to offset the identified deficiencies.

Methodology:

Three developmental kindergarten centers were established as part of the project, one in each of the Portland District administrative areas. Each of these centers reported a maximum of 30 students; fifteen were in the developmental kindergarten classroom on a self-contained basis with integration being conducted into regular kindergarten programs if possible. In addition, 15 other preschool pupils were integrated full time into regular kindergarten programs.

The pupils in the developmental kindergarten classroom were taught by specially trained developmental kindergarten teachers. In addition, aides were available to provide one on one instruction with them in language development. A speech therapist also provided additional training to the children. As needed, occupational and physical therapists were available to work with the children. Support was also provided to the children being served in regular kindergarten programs by the specialists as needed.

Programming for the children was centered around the pupil progress record in that the majority of the children who entered the program were tested with this instrument and then instructional programs were based on the deficiencies noted. Instruction in the program was conducted by the teacher and the aide and the speech therapist assisted in the language development programming for the children.

Objectives:

1. *To increase the skills of the kindergarten children in the project in selected areas such as motor development, social and academics, for approximately 45 children.*

Evaluation: Those data collected in the program will be recorded on a behavioral checklist and this checklist and data will be reviewed a minimum of every 30 days. The checklist to be used will be the Preschool Progress Record.

Results: The Preschool Progress Record was administered to all of the children in the project when they initially entered the program and then on a termination basis. The difference in their pre—posttest scores was reported to indicate growth in the project. Table 1 presents the total gain scores on the pupil progress record for 67 of the children enrolled in the program. The total gain scores were broken into increments of 10 and the number and percent of pupils acquiring scores within those ranges are reported. As can be noted on Table 1, 27% of the pupils gained between 40 to 50 skills on the PreSchool Progress Record. The majority of the children made their greatest gains in the concept area.

2. *To increase the skills of the mainstreamed children in selected areas such as motor development, social and academics, for approximately 45 children.*

Evaluation: Those data collected in the program will be reported on a behavioral checklist. This checklist and data will be reviewed a minimum of every 30 days. The pupil progress records will be used for this purpose.

Results: It should be noted that data were reported on the Preschool Progress Record for 67

Table 1

Gains on Preschool Progress Record of Children Enrolled in Developmental Kindergarten

N=67

Total Gain Score	Number of Pupils	Percent of Pupils
0 - 10	3	4
11 - 20	4	6
21 - 30	15	22
31 - 40	9	13
41 - 50	18	27
51 - 60	6	9
61 - 70	3	4
71 - 80	5	7
81 - 90	1	1
91 - 100+	3	4

children. However, it was not differentiated between those children enrolled in the developmental kindergarten and those children mainstreamed. Therefore, this evaluator was unable to determine the scores that should be attributed to the mainstreamed children versus those in the developmental kindergarten program.

Third Party Evaluator's Comments:

The concept of identifying learning disabled children at an early age in their school program is an excellent one and the district should be encouraged to continue their efforts in this area. It is further noted that whenever possible the district placed the children into a regular program and provided ancillary services to the children in these programs. This is also an excellent idea and should be encouraged as much as possible. Segregating of children into special classes at this young age is oftentimes not the most efficient way to provide remedial assistance to them. The quicker they can begin operating with their normal peers the better the prognosis for educational success will be.

The data submitted on this report could have been much more meaningful if the two populations of pupils served could have been identified. The fact that some of the children were working in a segregated classroom while others were mainstreamed causes the project to have two different populations served; however, the data were reported as to one group and therefore the data were not able to be divided between the two populations.

Title of Project: *Redmond High School Handicapped Program*

Location of Project: *Redmond High School*

Population Served: *E.M.R.*

Funding Allocated: *$17,000*

Project Beginning Date: *October 6, 1975*

Project Ending Date: *June 18, 1976*

Background and Rationale:

There were two counselors serving approximately 1,200 students at the high school. One counselor had voluntarily taken on the task of helping students with the transition from the junior high program to the high school, helping students schedule classes, and arranging tutors for selected students.

The method by which student programs and classes were determined was somewhat haphazard. There was no systematic identification of student needs. A placement was based more upon the rationale of finding a place where the student could "get along," rather than in finding opportunities to meet identified individual needs. The criteria for student placement were, in rank order: (1) class load; (2) teacher consent; (3) student interest; (4) availability of student tutors; and (5) appropriateness of the class for the student.

Once a handicapped student from the special classroom was placed in a regular classroom, the teacher received little or no preparation or orientation in educating that student. This method was oriented toward the student fitting the existing "system" rather than the needs of the individual. More often than not the students ended up "helping" the janitor sweep floors about half the day with no goals or objectives toward which to work.

The Redmond High School Handicapped Program was undertaken to correct these educational gaps and weaknesses. There was a need for an instructor to direct, coordinate, and teach in a program for identified educable mentally retarded students. A systematically monitored procedure for assessing student needs, student placement, and measuring progress was needed. In addition, there was a need for inservice and direct individual assistance for teachers with the identified EMR students in their classes.

Methodology:

A teacher (project staff member) with training in special education was hired to remediate the above weaknesses and educational gaps. However, the teacher was not selected prior to the opening of school and did not begin work until October 6, 1975. Prior to hiring the project teacher, the EMR students had been registered in regular classes and had already been dropped from some of those classes.

The teacher's first priority was to establish control of the student's schedule and assist the students in establishing daily routine of class attendance.

The teacher then began to direct, coordinate and teach within the program for the identified EMR students. A systematic program of student assessment of individual competencies and needs was conducted. Although the students were placed in regular classes, they also met with the special education teacher for math and reading instruction.

An individual orientation was conducted for the regular classroom teacher which consisted of: an explanation of the special education programs; behavior expectancies of EMR students; appropriateness of particular classes to meet the needs of individual students; and levels of achievement in relation to other students.

The teacher established a system to monitor students' behavior and progress in classes so the problems were dealt with before they were beyond reconciliation.

The project teacher established himself as a resource person to regular classroom teachers, helping to provide methods and materials for instruction of individual students. The teacher provided short term, additional instruction for the EMR student in regular class subject matter.

A screening and orientation of student tutors was conducted. These tutors were used a great deal for one to one instruction in the areas of: reading, math, and other regular class subject matter.

Objectives:

1. *To increase academic skills for each student that is in the EMR program at the high school level (Area 1 and Area 4 of the Toward Competency Guide).*

Evaluation: Pre and post measurement will be conducted using the Toward Competency Guide that will be kept on each student.

Results: The Toward Competency Guide was not received from the State Department of Education until the week of February 9, 1976. Because of the need to gather materials and make special class arrangements, the pretest was not conducted until the week of March 1, 1976.

When the pretest was administered, eight students were enrolled in the program. When the posttest was administered, one student had changed schools and another had gone to work full time and was no longer enrolled in school. Of the six students, only five completed the posttest or improved on 77% of the competencies in Area 1 (basic skills). In Area 4 (career education) the students passed or improved on 71% of the competencies.

Third Party Evaluator's Comments:

The project staff encountered two problems that certainly had some effect on the quality of the program delivered to the EMR students in the Redmond area. The special education teacher was hired after one month of the school year had expired.

The objective which was written for the project specified that the Toward Competency Guide would be used for each student on a pre-posttest basis. This Toward Competency Guide was not available to the project staff until six months after the school year started. Apparently there were no copies in print at the State Department of Education at the beginning of the school year.

Gains made by the students in the Toward Competency Guide areas 1 and 4 are considered acceptable considering the length of time between pre and posttest was only 90 days.

Title of Project: *Program for Emotionally Disturbed Elementary Children*

Location of Project: *Springfield School District #19*

Population Served: *10-12 Seriously Disturbed Children*

Funding Allocated: *$27,000*

Project Beginning Date: *August 27, 1975*

Project Ending Date: *June 10, 1976*

Background and Rationale:

It has been the policy of School District #19 to leave a child in as normal a school setting as possible. However, there are certain children with serious emotional problems for whom efforts of management by district personnel failed to maintain the child in a regular classroom. Our district has maintained a small class for teenage disturbed students for six years and a small class for disturbed children of primary school age for three years. Title VI-B funding permitted us to operate a class for 10-12 year olds for the school year 1974-75. In all three of our classes we noted that a great need existed for consistent individual therapy for each student and therapy which was closely coordinated with the activities of the classes. Outside agencies did not supply this. Also, we felt that the classroom intervention by a clinical psychologist may prevent the necessity of removing the child from a regular classroom. Our class for 10-12 year olds was refunded by Title VI funds for 1975-76 with a clinical psychologist providing individual therapy to selected children.

Methodology:

The special class for disturbed children (8 maximum) was held in a regular elementary school. The teacher, an experienced teacher, was certified as an Extreme Learning Problems teacher as well as having had coursework in behavior problems. She was assisted by a aide. Each child received individual and small group (2 to 3) instruction in reading, spelling, and math. Group instruction was given throughout the year in additional subjects of English grammar, creative and/or report writing, American history, general science, health, safety, art and cursive handwriting.

Consequences for inappropriate behavior included time-outs in five minute increments, sentences in groups of 5, removal to office area, written reports of incident with alternatives, delayed lunch and recess, tickets for offensive language, and being sent home. Consequences for appropriate behaviors included verbal comments, physical affection, happy notes home, free time, special interest activities, release from class for assemblies, movies, etc. and grab bag each week for acceptable language.

The students each rotated, on a daily basis, the jobs necessary to clean up the classroom. For this they each received $12 in play money at the end of each day. The students kept their own account books and "check books." The play money was used to purchase free time, supplies, snacks, pay fines, pay daily tuition and purchase items from an "auction box" at end of each quarter.

Objectives:

1. *To reduce or increase the incidence of undesirable and/or desirable behaviors.*

Evaluation: The resource teacher will develop a checklist of deviant behaviors for each child. A scale of improvement from one to four will be specified. These data will be collected monthly on each child for each undesirable or desirable behavior specified.

Results: Table 1 displays the average incidence of appropriate behaviors monthly for the project year 1975-76. No data were listed for December due to Christmas holidays and for June because of year end activities. Three new students were enrolled in the program, January, February, and March respectively. In February and March, one student was truant; one student was undergoing an emotional crisis involving the home and another was experiencing several serious problems concurrently. The above mentioned disruptions probably account for the increase of inappropriate behaviors during January, February and March.

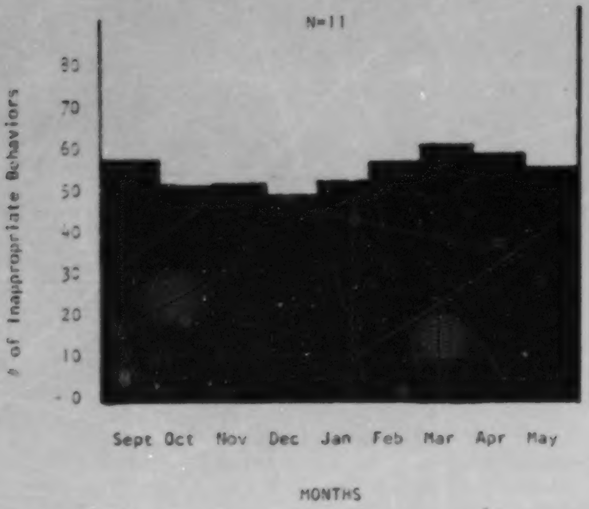
2. *To increase the academic skills for selected children in the areas of reading and math.*

Evaluation: The Silvaroli Informal Reading Inventory and the Key Math Inventory will be administered on a pre-posttest basis.

Results: The data displayed in Table 2 show eight students making a one to two independent

Table 1

Average Incidence of the Number of Inappropriate Behaviors in the Group



level gain in reading on Silvaroli Informal Reading Inventory. One child made a 1.8 gain on the Stanford Achievement Test.

The nine students that completed the Key Math pre-posttest had grade equivalent gains that ranged from .1 to 1.4. The mean gain for the group of 9 was .8. These data are contained in Table 3.

3. *To integrate the emotionally disturbed children into the regular classroom.*

Evaluation: A log which will specify the amount of time and the type of time spent in the regular classroom and in the intervention classroom will be kept.

Results: Of the 11 children enrolled in the program for the school year, seven were integrated into regular classes for at least a portion of the day. Of these seven children, two children went from 20% to 100% integration in the regular class. One child achieved 66% integration in April, but fell back to 33% due to an emotional crises, 1 achieved 33% integration but due to family crisis fell back to 0% at the end of the year, 1 achieved and maintained 20% integration and two achieved 12% integration with one maintaining. Of the four students not integrated, three had been in the class 6 months or less and 1 had had extended absences.

4. *To intervene in the regular classrooms in such a way as to prevent selected students from the necessity of being placed in the special class.*

Evaluation: Data will be kept on the number of students for whom preventive service was given. The prescribed program and those data collected on these students will be reported.

Table 2

Silvaroli Reading Inventory Pre-Posttest

N=11

Student #	September 1975	May 1976	+ — Differences
* 1	pp	2	+2
2	2	3	+1
3	No Score	1	+1
4	Insufficient Data - In program less than 6 months.		
5	3	4	+1
6	4	5	+1
7	3	5	+2
8	2	4	+2
9	Insufficient Data - In program less than 6 months.		
10	pp	2	+2
*11	2.8	4.6	1.8

*Student #1 usually functions 2 to 3 years above test results.

*Student #11 unable to read orally on the Silvaroli. Results from Stanford Achievement Test for the Spring of 1975 and 1976 were used instead.

Table 3

Key Math Pre-Posttest

N=11

Student #	September 1975	May 1976	Difference
1	2.2	3.4	+1.2
2	2.8	4.0	+1.2
3	1.9	2.0	+ .1
4	Insufficient Data - in program less than 6 months.		
5	3.5	4.9	+1.4
6	2.9	3.7	+ .8
7	2.9	3.4	+ .5
8	3.0	3.7	+ .7
9	Insufficient Data - in program less than 6 months.		
10	2.3	2.9	+ .6
11	3.0	4.1	+1.1

Results: Eight students were seen by the psychologist and were given a thorough psychological evaluation and a program based on the results of the evaluation. Of the eight students, three required special class placement, four were able to be maintained in the regular classroom with steady progress being made, and 1 moved before definite results could be seen. This information is contained in Table 4.

Third Party Evaluator's Comments:

In reviewing the data for Objective 1 contained in Table 1 there appears to be no significant reduction in undesirable behaviors in the special class. Individual children undoubtedly reduced undesirable behavior as they increased the amount of time they spent in the regular class (see results section, Objective 3). With the entry of new students into the special class and averaging the number of undesirable behaviors for each month, it becomes apparent that individual data would become obscure. It would be more appropriate to report, by student, those data.

The data displayed in Tables 2 and 3 show all children that had been in the program six months or more making gains in reading and math. The classroom teacher is to be commended for her success in these two areas.

In reviewing the information displayed in Table 4, it is not known to this evaluator what kinds of individual student data were collected regarding individual therapy, behavior modification programs, and parent conferences.

Table 4 displays the Prescribed Program and results of each. Four children remained in the regular classroom and three children were placed in a class for emotionally disturbed. It seems that more specific individual student data might be more acceptable in determining the impact of various programs on students.

The results for Objective 3 were impressive. Seven of the 11 children increased the length of time spent in the regular class. Two children were integrated for 100% of the school day. The integration suggests that the regular classroom teacher received the much needed assistance from the project staff.

Table 4

Classroom Intervention Data

N=8

Student	Prescribed Program	Results
1	Individual therapy Behavior modification program in cooperation with parents.	Remained in regular classroom. Much improved.
2	Cooperated with pediatrician in regulation of medication - Behavior management in classroom. Individual therapy.	Placed in primary class for emotionally disturbed.
3	Teacher, counselor and parent conferences. Situation not amenable to school intervention	Placed in intermediate class for emotionally disturbed.
4	Individual therapy Weekly conferences with teacher.	Remained in regular class. Much improved.
5	Behavior modification contingency program at home and at school. Individual therapy.	Remained in regular class.
6	Changed classroom teacher ELP help in math - individual therapy school staffings	Remained in regular class.
7	Individual playroom therapy - Behavior modification contingency program	Moved
8	Psychological evaluation revealed psychosis Medical referral	Immediate placement in intermediate class for emotionally disturbed

Title of Project:	*Program Expansion for Handicapped*
Location of Project:	*Sweet Home School District #55*
Population Served:	*68 Speech, Language and Hearing Impaired*
Funding Allocated:	*$8,200*
Project Beginning Date:	*August 1975*
Project Ending Date:	*June 1976*

Background and Rationale:

Sweet Home School District #55 includes seven grade schools, a Head Start program, one junior high and a high school. Within the district is a school age population of approximately 2,700 students. It was determined that a second speech therapist was needed to adequately serve the approximate 200 speech and/or hearing impaired children of Sweet Home School District #55.

By hiring a second full time speech therapist, with a strong background in aural rehabilitation, district personnel believed they would be: (1) better able to serve the large population of speech and hearing handicapped children; (2) acquire a person with the ability to serve as a resource for the total hearing handicapped population in the district.

Methodology:

The Program Expansion for Handicapped was jointly conducted by the two speech therapists. In addition, the director of curriculum, instruction and student services (CISS) acted in an advisory capacity and as a resource person to the project.

The district was divided between the two therapists. The Title VI therapist was responsible for four grade schools, the junior high and a small population of preschool age children. Sixty-eight children were scheduled and seen on a regular basis during the academic year. The following is a categorical speech problem breakdown of the total caseload of the Title VI therapist: articulation - 30 children; fluency - 2 children; foreign language influence - 3 children; hearing impaired - 6 children; language delay - 22 children; and voice - 5 children.

In addition to the regular services provided to the public school population, the two speech therapists also met the speech and hearing needs of the EMR, TMR and the preschool Head Start programs.

In the fall of 1975, an in-service workshop on hearing impairment and language development was coordinated and presented by both therapists for the Head Start staff. This workshop was designed to help Head Start personnel deal more effectively with their severely hearing impaired younsters. Throughout the year speech and hearing services were offered to the children in Head Start. Special attention and services were provided to the three hearing impaired children in the program.

Certain children from the EMR and TMR classes were scheduled for speech and language therapy on an individual basis. In addition, a daily speech and language program was presented (group session) to the entire TMR class over a period of four months. Activities developing the basic language concepts, extending the verbal sentence length and sound awareness were included.

An attempt was made to involve the parents of children enrolled in speech therapy in the speech training process. Individual parent conferences were held and those parents interested in a parent program were given suggestions and home activities. Although many parents displayed an interest, only about 10% carried out the home activities. Home activities included worksheets with suggested activities to be conducted in the home. When completed, they were signed and returned with comments concerning the child's progress.

Conferences with individual teachers were held throughout the year on an informal basis, providing classroom teachers with information regarding speech therapy with these respective children. The therapist also participated in parent/teacher conferences.

The Title VI speech therapist spoke to two junior high classes about hearing impairments. One class was studying the modalities of communication and all handicaps related to communication. The second class was a special education class, including one hard of hearing student. Emphasis in this class was on the courtesies involved when communicating with hearing impaired individuals.

Three Cambodian children were enrolled in therapy to learn English as a second language. The therapist worked jointly with the teachers and children to improve language skills.

The Title VI therapist will be employed through district funds beginning in the fall of 1976.

Objectives:

1. *To increase the skills of selected children in the areas of: (a) articulation; (b) language; (c) fluency; and (d) voice disorders.*

Evaluation: Test results were reported on the following instruments: a checklist for articulation and the Photo Articulation Test, and the Northwestern Syntax Screening Test. Also, a count and record of the number of dysfluencies was made at least two times per month. In addition, a narrative describing voice quality and the kind of therapy provided was included.

Results: (a) Table 1 shows the pre and posttest results for the Photo Articulation Test administered to each student. (b) Table 2 illustrates the progress of children enrolled in language therapy through the pre and posttest results of the Northwestern Syntax Screening Test. These results include language delayed children and foreign language students. (c) Table 3 is a record of dysfluencies of two children in different speaking situations. Results for the PPVT test shows gains for all children reported. Likewise gains are similarly reported for the NSST. PPVT disposition shows 8 of 30 (27%) corrected, while NSST shows 7 of 30 (23%) corrected. Although results for Table 3 do not show overall improvement, it does show that Distar Language resulted in a decrease of dysfluencies for these subjects. The situation allowed more gradual increases of length of response and thereby allowing each child to move at a slower pace. A narrative of methods follows. (d) There was no formal test given to the children with voice disorders. These children were evaluated through observation and tape recordings. As each child's voice problem was different, the following narratives describe the voice qualities and therapy provided for each:

#1 9 yrs. 3rd grade 26 sessions.

This child was diagnosed by an otolaryngologist to have vocal nodules. The findings of the initial voice evaluation included a hoarse, husky voice with a slight nasal quality, and pitch in the low to normal range. Improper clavicular breathing was observed. Therapy involved improving respiratory patterns through sustained exhalation, relaxation exercises in the head and neck area, Dr. Blakely's vocal rehabilitation program, and decreasing vocal abuse. This child now has good breathing patterns and an excellent concept of the causes of vocal abuse. Her voice has become less hoarse and husky, and is increasingly clear. Following periods of vocal abuse her voice temporarily returned to the previous hoarse, husky quality. This child will be reevaluated in the fall.

#2 9 yrs. 8 mos. 3rd grade 25 sessions.

This child was diagnosed by an otolaryngologist to have bilateral vocal nodules. The findings of the initial voice evaluation included a hoarse, breathy voice, reduced loudness and pitch in the high-normal range. Improper clavicular breathing was observed. Laryngeal tension was noted during phonation. Therapy concentrated on improving respiratory patterns through sustained exhalation, relaxation exercises of the head and neck area, Dr. Blakely's vocal rehabilitation program, and decreasing vocal abuse. This child has shown very little improvement. He seems to understand the concept of vocal abuse but does not avoid it. He is also a tense child. The breathing patterns taught did not carryover into spontaneous phonation. This child will continue therapy in the fall.

#3 9 yrs. 2 mos. 3rd grade 8 sessions.

This child was recently diagnosed by an otolaryngologist to have vocal nodules. The first evaluation indicated a slightly hoarse and breathy voice. Improper clavicular breathing was noted. Therapy concentrated on appropriate breathing, vocal abuse and Robert Blakely's program. The child could phonate clearly 80% of the time. Following vocal abuse his voice was notably more hoarse and husky with reduced loudness. This child has demonstrated an excellent understanding of vocal abuse. Following the decrease in vocal abuse he displayed clear phonations. He will be reevaluated in the fall.

#4 8 yrs 8 mos. 2nd grade 30 sessions.

This child was diagnosed by an otolaryngologist to have vocal nodules. The findings of the initial evaluation included a severe husky, hoarse voice, reduced loudness and pitch in low-normal range. Laryngeal tension and improper clavicular breathing was noted. Therapy concentrated on eliminating vocal abuse, eliciting clear phonations using Dr. Blakely's program, breathing and relaxation exercises. This child was able to produce clear phonations in short phrases but this has not yet carried over to his conversational speech. He has demonstrated an understanding of vocal abuse. He is also diagnosed as "hyperactive" and has not succeeded in decreasing the abusive situations.

#5 15 yrs. 8th grade 5 sessions.

This junior high student requested voice help late in the year. He felt he has a nasal voice. In the initial evaluation a slight nasal quality was observed in vowels that follow /m/, n/, or /n/. Therapy involved syllable words and sentence drills with /m/,n/, and /n/ surrounding the vowels. A phonic mirror and tape recorder were utilized. A difference in quality of the phonation was noted following practice and concentration. This student demonstrated the ability to phonate vowels with a decrease in nasality in syllable, words and phrases.

Table 1

Photo Articulation Test

				pre					post			
student	C.A.	# of sessions	tongue	lip	vowel	total	tongue	lip	vowel	total	gain	disposition
				pre				post				
Hawthorne												
1	6-9	42	21	1	0	22	12	0	0	12	10	carryover
2	7-9	44	7	0	0	7	0	0	0	0	7	corrected
				pre					post			
Pleasant Valley												
1	7-6	49	9	0	0	9	1	0	0	1	8	carryover
2	6-10	29	11	0	0	11	6	0	0	6	5	continue
3	9-4	42	0	0	0	0	0	0	0	0	0	carryover case corrected
				pre					post			
Liberty												
1	12	50	9	0	0	9	0	0	0	0	9	corrected
2	8-1	20	52	13	8	72	51	10	6	67	5	continue, TMR
3	12-5	13	0	0	0	0	0	0	0	0	0	carryover case, maximum benefit
4	8-10	18	35	6	3	44	26	2	3	31	31	continue, TMR
5	7-9	30	3	0	0	3	0	0	0	0	3	carryover
6	9-4	8	39	5	3	47		could not test				discontinued, TMR
7	8-11	42	3	0	0	3	0	0	0	0	3	corrected
8	13-3	42	21	0	0	21	10	0	0	10	11	continue
9	19-2	18	45	15	4	64	43	9	4	56	8	discontinue, leaving
				pre					post			
Oak Heights												
1	11	50	19	2	5	26	9	0	3	12	14	continue
2	7-10	36	17	2	0	19	5	2	0	7	12	continue, language
3	7	33	36	2	2	40	23	0	2	25	15	continue, lang. & artic.
4	9-5	46	26	0	2	28	6	0	0	6	22	continue
5	12-5	12	0	0	0	0	0	0	0	0	0	carryover case corrected
6	7-10	33	10	0	2	12	0	0	0	0	12	carryover
7	10-3	30	6	0	1	7	5	0	1	6	1	continue
8	8-9	38	15	0	3	18	4	0	0	4	11	continue
9	7	17	10	0	0	10	0	0	0	0	10	corrected
				pre					post			
Junior High												
1	14	15	5	0	0	5	0	0	0	0	5	corrected
2	13-10	22	9	0	0	9	4	0	0	0	5	continue
3	13-4	15	3	0	0	3	0	0	0	0	3	corrected
4	14-2	14	12	0	0	12	3	0	0	3	9	watch
5	13-4	15	3	0	0	3	0	0	0	0	3	continue—carryover
6	14	10	4	0	0	4	0	0	0	0	4	continue—carryover
7	14-4	26	10	3	4	17	2	0	2	4	13	continue, language

Table 2

Northwestern Syntax Screening Test

				pre			post			gain			
student	grade	C.A.	# of sessions	receptive	expressive	total	receptive	expressive	total	receptive	expressive	total	disposition
Hawthorne													
1	1	7	42	32	30	62	35	31	66	3	1	4	continue, *
2	1	7-6	50	26	11	37	31	20	51	5	9	14	continue, *
3	1	6-11	44	22	16	38	29	31	60	7	15	22	watch
4	1	7-3	20	32	36	68	37	31	68	5	−5	0	watch
5	1	6-9	20	25	6	31	-	-	-	-	-	-	moved, cnt
Liberty													
1	1	6-2	52	27	23	50	34	28	62	7	5	12	corrected
2	EMR	11-8	52	35	6	41	37	15	52	2	9	11	continued *
3	1	6-5	46	27	13	40	35	24	59	8	11	19	continued *
4	1	6-6	5	33	29	62							discontinued
5	1	6-7	47	34	31	65	36	32	68	2	1	3	corrected
6	1	6-3	5	26	31	57	33	26	59	7	−5	2	continued
7	EMR	11	50	36	32	68	38	36	74	2	4	6	corrected
Oak Heights													
1	1	6-11	50	28	27	55	34	30	64	6	3	9	corrected
2	1	6-11	55	33	20	53	36	32	68	3	12	15	continue *
3	5	11	30	17	14	31	32	18	50	15	4	20	continue, *, Cambodian Stu.
4	3	9-11	55	21	12	33	35	19	54	14	7	21	continue, *, Cambodian Stu.
5	1	7-0	57	24	10	34	22	18	40	−2	8	6	continue, *, Cambodian Stu.
6	1	6-11	57	28	24	52	37	32	69	9	8	17	corrected +
7	1	7-6	50	34	26	60	36	28	64	2	2	4	continue * +
8	1	6-10	40	21	10	31	29	27	56	8	17	25	discontinued, moved
Pleasant Valley													
1	2	8-1	55	39	33	72	37	37	74	−2	4	2	corrected
2	2	7-10	10	31	32	63			could not test				moved
3	1	6-11	62	33	26	59	33	31	64	0	5	5	continue *
4	1	7-10	59	33	26	59	33	35	68	0	9	9	continue
5	1	7	45	36	37	73	38	39	77	2	2	4	corrected

* articulation errors, + other speech handicap

Table 3
Record of Dysfluencies

	Date	Time Period	Speaking Situation	Dysfluencies Per Minute	
#1					
	1-20-76	5 min.	conversation	2/min.	$\bar{x} = 1.08$
	1-2[illegible]-76	2.5 min.	reading	.4/min.	
	1-29-76	3 min.	conversation	2/min.	
	1-29-76	2 min.	reading	0/min.	
	1-29-76	3 min.	monologue	1/min.	
	2-10-76	4 min.	conversation	2/min.	$\bar{x} = 1.57$
	2-10-76	1 min.	monologue	2/min.	
	2-19-76	6 min.	conversation	.33/min.	
	3-4-76	2 min.	conversation	2.5/min.	
	3-16-76	9 min.	Distar Language	1/min.	
	3-18-76	8.5 min.	Distar Language	.5/min.	$\bar{x} = 1.37$
	4-5-76	7 min.	Distar & conversation	2/min.	
	4-8-76	8 min.	Distar & conversation	.5/min.	
	4-12-76	3 min.	conversation	3.5/min.	
	4-13-76	6 min.	Distar & conversation	.33/min.	
#2	1-20-76	7 min.	conversation	2/min.	$\bar{x} = 1.33$
	2-26-76	3 min.	Distar Language	1/min.	
	3-10-76	7.5 min.	Distar Language	1/min.	
	3-15-76	6.5 min.	conversation	5/min.	$\bar{x} = 8.00$
	3-29-76	5 min.	conversation	10/min.	
	3-30-76	4 min.	Distar & conversation	9/min.	
	4-6-76	10 min.	Distar	2/min.	$\bar{x} = 4.50$
	4-12-76	6 min.	conversation	7/min.	

2. *To increase the skills of children in the areas of: auditory discrimination, speech reading, articulation and language.*

Evaluation: The Washington Speech Sound Discrimination Test was used to measure the increase in speech reading, a behavior checklist was used to measure the increase in articulation, the Northwest Syntax Screening Test was used for measuring the increase in language skills.

Results: A portion of the hearing impaired population was seen by the district employed therapist, utilizing the Title VI therapist as a resource person. Six hearing impaired children, ranging from four years to 15 years old, were served by the Title VI therapist. The following narratives describe the diagnosis, therapeutic approaches and disposition of each child.

#1 5 yrs. 8 mos. preschool 23 sessions

This child has a severe sensory neural loss in both ears. She wears two Oticon E-11-8 ear level aids. Her aided speech reception threshold was 25 to 30 dB. The aids bring her hearing within normal limits from 500-2000Hz. She has poor speech and language skills. The pretest for the NSST was receptive - 14; expressive - 0; and total of 14. The posttest was receptive - 17; expressive - 2, and total of 19. This showed a total gain as measured by the NSST of 5.

Therapy included auditory training, basic language concepts, extending length of response and auditory memory activities. This child is delayed in speech and language and will continue language therapy.

#2 14 yrs. 8th grade 26 sessions

This student has a severe bilateral sensory-neural hearing loss of 75 dB in the right ear and 83 dB in the left ear in the speech range (500-2000 Hz). She wears an Oticon 560 PPX hearing aid on her left ear. This aid enables her to hear speech, while her ability to understand speech is poor.

The Utley Lip Reading pretest score was 87% and the posttest score was 90%. The Washington Speech Sound Discrimination Test showed a pretest score of 83% and a posttest score of 85%.

Therapy involved articulation drills for /s/ and /z/. Auditory training and speech reading skills were also included. Therapy will be continued.

#3 10 yrs. 5th grade 10 sessions

This child has a mild to moderate bilateral conductive hearing loss. Her right ear was aided. She had auditory discrimination problems which resulted in learning difficulties in the classroom.

The Utley Lip Reading pretest score was 74% and the posttest score was 81%. The Washington Speech Sound Discrimination Test showed a pretest score of 76% and a posttest score of 86%.

Therapy included auditory training, speech reading skills and tutoring for class subjects. This child has moved.

#4 8 yrs. 9 mos. 3rd grade 20 sessions

This child has a mild conductive hearing loss in both ears. He is unaided. He has good speech discrimination abilities.

The Utley Lip Reading pretest score was 68% and the posttest score was 81%. The Washington Speech Sound Discrimination Test showed a pretest score of 86% and a posttest score of 98%.

Therapy included auditory training, speech reading and carryover articulation therapy for the /s/ and /z/ phonemes. This child no longer requires therapy.

#5 15 yrs. 8 mos. 8th grade 26 sessions

This student has a bilateral sensory neural loss of a moderate to severe degree. These threshold levels tend to change temporarily. While wearing his Radioear 980 body hearing aid with binaural fitting his speech reception threshold was 30 dB and his speech discrimination was 75% when he could see the speaker.

The Utley Lip Reading pretest score was 84% and the posttest score was 87%. The Washington Speech Sound Discrimination Test showed a pretest score of 88% and a posttest score of 92%.

Therapy included auditory training, speech reading, voice and enunciation training. Therapy will be continued next year.

#6 4 yrs. 9 mos. preschool 48 sessions

This child has been profoundly deaf since the age of three years. She is aided by two Oticon E-18-P ear aids. At 250-500 Hz she was able to hear sounds at 85 dB. She could not discriminate speech sounds.

No formal speech or language test was administered. The child did have some vocabulary. This was expressed in one word utterances and was often unintelligible.

Therapy focused on language experiences. Early sessions involved noun learning. All auditory stimuli were paired with visual cues. The child learned to understand nouns and to express them. Basic language concepts and simple verbs were also included in therapy.

Through continued efforts by the special services staff and Head Start staff the parents were encouraged to enroll the child in Oregon State School for the Deaf. This child was enrolled in the program in March 1976.

Third Party Evaluator's Comments:

This project completed each objective as specified. For Objective 1, the project did report data on the "checklist for articulation," but space precluded its inclusion in this report. The evaluator was impressed with the number of children served for the dollars expended. Per capita costs for this project were approximately $120 per child. This included the cost of the specialist, transportation, and materials for one school year. Compared with the cost of speech therapy services on a private basis (approximately $20 per hour) this is quite extraordinary. The project staff should be commended for providing a needed service to a large population of children at a small cost per pupil ratio.

Title of Project: *Teacher's Inservice Learning, Disabled Students K-3*

Location of Project: *Portland Public Schools, Area III*

Funding Allocated: *$18,000*

Population Served: *33 Primary Teachers in four schools and identified Learning Disabled Pupils in their classrooms*

Project Beginning Date: *September 1, 1975*

Project Ending Date: *June 14, 1976*

Background and Rationale:

In the Portland Public School system, service to handicapped children has normally been initiated by referral from regular classroom teachers. In utilizing this procedure, many children have not been identified early in their school years and thus have been referred only after several years of failure. In order to alleviate this problem, a plan was developed to give on the job training in the identification and remediation of children with learning disabilities to a group of primary level teachers. The plan was to employ a learning disabled specialist to work in the classroom with the primary teachers and assist them in identifying suspected handicapped children. The specialist then provided direct services to the identified children and helped the teachers learn more about assessing the children's skills, prescribing programs based on skill deficiencies and evaluating the progress of the children.

Methodology:

The staff of this project included a project director and a learning disabilities specialist teacher. This teacher worked with the classroom teachers and assisted them in working with the identified handicapped children. During the first part of the project, schools where the project would be conducted were selected by the area administrator and building principals assisted in the selection with the approval of the primary teachers in each of the buildings selected. The project served teachers and pupils in four different buildings in the Portland system. Once the buildings and teachers were identified, the LD specialist conducted an orientation program in each building describing the project and identifying the needs and concerns of the primary teachers. Initially the project then began serving pupils on a referral basis and classroom teachers were involved in the project, observed the methods of identification of handicapped children used by the project instructor. Later, the assessment procedures and individualized programs that were developed were observed by the teachers as the learning disabled specialist used them. New materials and instructional methods were used on an individual basis by the classroom teachers as they were implemented in their rooms.

During the winter term, an in-service training program began with classes being conducted weekly for an 11 week period. During this time the classroom teachers were given the characteristics of children with learning disabilities in methods and procedures of instruction in evaluation for these children. Each classroom teacher then identified a target child and she would instruct using the methods described in the in-service program. The child the teacher would be instructing would be a regular member of her classroom. At this point direct teaching was being provided to learning disabled children by the project instructor as well as by the classroom teachers participating in the project.

Once this procedure had been initiated, the classroom teachers implemented programs on a regular basis that they had devised for the learning disabled children with whom they were working. They also provided continual evaluation to monitor the child's progress as directed by the learning disabled specialist on the project. With this occurrence, the role of the project instructor began to shift to that of a consultant for the teachers and less time was spent providing direct instructional services to the children. Once the teachers became familiar in working with the identified handicapped children, they began to draw on materials and resources that they were familiar with that broadened the scope of the service to the learning disabled child. They also began utilizing the services of tutors and aides in the classroom.

Objectives:

1. *To increase the skills for selected children in the areas of reading and math.*

Evaluation: A checklist will be designed that will be used to assess the child's skills in the specific areas and deficient areas will be noted. Skills acquired during the year will be reported on the checklist.

Results: A checklist was designed to record the specific areas in which the identified children had academic deficiencies. Both pre and posttest data were recorded on this checklist. One hundred twenty-nine children were provided services and the individual progress of these children was noted.

Tables 1-4 presents the progress of the pupils in grades K-3, in the areas of reading, language, visual perception and math. This is group data for each of the grades listed and a total of 49 pupils are reported on Tables 1-4.

2. ***To increase skills of participating teachers in the area of identifying, diagnosing, prescribing, instructing and evaluating the children that are learning disabled.***

Evaluation: The Title VI project teacher will record the competency of each participating teacher in each of the above specified areas.

Results: This objective is broken down into the subcomponents of identifying, diagnosing, prescribing, instructing and evaluating children. (1) Identification. To meet this objective, teachers were asked to identify a suspected learning disabled child by observation in the classroom. Teachers were asked to describe why they identified a particular child as they did. Later, after the in-service training the teachers were again asked to observe the child using a more formal checklist instrument. Noticeable gains were made in the teacher's ability to use specific identifying terms for selecting the children. It was also reported that the teacher's attitudes changed toward the children and they became more aware of their specific needs. (2) Diagnosis. Teachers were taught to use a diagnostic instrument and to interpret their findings. Deficiencies in the basic skill areas were identified by this diagnostic instrument. Teachers were also taught to discriminate between the more common less severe handicapping conditions which they could remediate within the classroom and those conditions which should be referred to specialists for additional assessment. (3) Prescribing. The instruments used for diagnosing were the Kindergarten Screening Checklist and the 1-3 Screening Checklist. Teachers initially demonstrated their ability to plan a program for a child with learning disabilities based on the diagnostic information acquired. The program plan they designed was to include specific goals, objectives and teaching procedures. A form was provided to the teachers to record their data. Pre and posttest measures were taken on the teachers, comparing their ability to complete this task, prior to and after the in-service training program. In addition to observing the teachers using these procedures they were interviewed early in the year to determine the kinds of program planning they were presently using. The results of the in-service indicated that the teachers became much more proficient in setting up prescriptive programs for the children and they became more specific in the programs they developed and implemented. (4) Instruction. The intent here was to determine the teacher's present methods of instructing children with learning disabilities as compared with those used after the in-service program. Information on currently used methods by the teachers was obtained through observations and interviews with the teachers. It was reported that the classroom teachers improved their skills in this area and that they were able to use a variety of instructional materials. They also used the services of aides and tutors to devise individual instructional programs for the child with learning disabilities. It was felt that the teachers learned to provide individualized instruction in a regular classroom setting through these procedures. (5) Evaluation. Initially the classroom teachers were asked to describe the way in which they evaluated learning disabled children in their classroom. These procedures were compared with the way they conducted evaluation after the inservice program was completed. In the inservice program, the teachers were asked to use the Program Plan. In addition, they used the Kindergarten Screening Checklist and One-Three Screening Checklist to evaluate the skill acquisition of the children in their classroom. Teachers learned to record data on a continual basis and posttesting for all pupils was completed by the end of May by the classroom teachers. The same instruments for evaluation were used throughout the total program.

It was reported that the original methods for recording evaluative information by the teachers was sketchy and infrequent but it was felt that the in-service training program provided them with much more specific skills in the evaluation area.

Of the 33 teachers in the four schools that were involved in the workshops, 16 completed the course acquiring competency in the areas of identification, diagnosis, prescription, instruction and evaluation. There was a lack of consistency of participation by teachers across different buildings. In one building only one out of eight teachers participated while in another five out of eight teachers participated. Some of the reasons given for this lack of participation were that the teachers were planning to retire, they were not interested in the procedure, they were transferring to an upper grade level the following year, or meetings or new adoptions of texts in their building prevented them from taking part in the in-service. An attempt was made to measure the differences in skills between the teachers who participated in the in-service as to those who didn't.

Some of the differences noted were that teachers who didn't participate referred more children for support services and the quality of their prescriptive programs, instruction and evaluation techniques were less when compared to those teachers who participated. Interview data collected at the termination of the project indicated that the participating teachers in the project identified 25 additional learning disabled children by themselves whereas the non-participating teachers identified only eight. These data are reported as an indication that the teachers who participated in inservice programs became more adept at identifying suspected handicapped children.

Third Party Evaluator's Comments:

It is felt by this evaluator that the project was a success in all measures taken. The data for the children submitted indicates that they made progress in the skills that they were taught. This is always the final measure of any project. The one discrepancy that was noted was that data was only reported for 49 pupils when it was indicated that 129 had been served in the project. This project report could have been strengthened if data had been reported for more of the children served.

The concept of training classroom teachers in their own classroom setting is excellent, and it is felt that the learning disabled specialist provided an excellent training program for the teachers. She was very consistent in the type of evaluation conducted and she examined many aspects of instruction in order to improve the classroom teacher's ability to serve handicapped children in the regular classroom. As school districts move toward the concept of mainstreaming and/or integrating their handicapped children into regular classroom programs, the regular classroom teachers are going to need to acquire the skills that were being provided in this project. This project represents an outstanding effort to assist teachers to acquire these skills. An unfortunate aspect of this project is that more teachers did not participate when they had the opportunity to do so.

Table 1

Skill Gains for Kindergarten Children

N=3

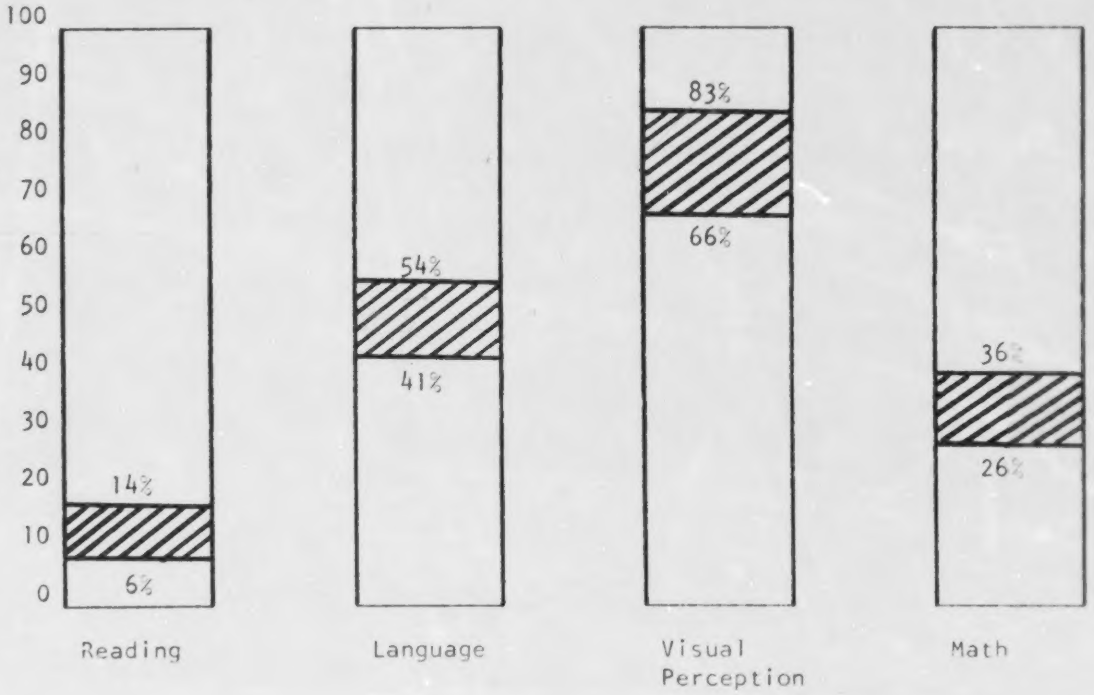


Table 2
Skill Gains for First Grade Pupils
N=30

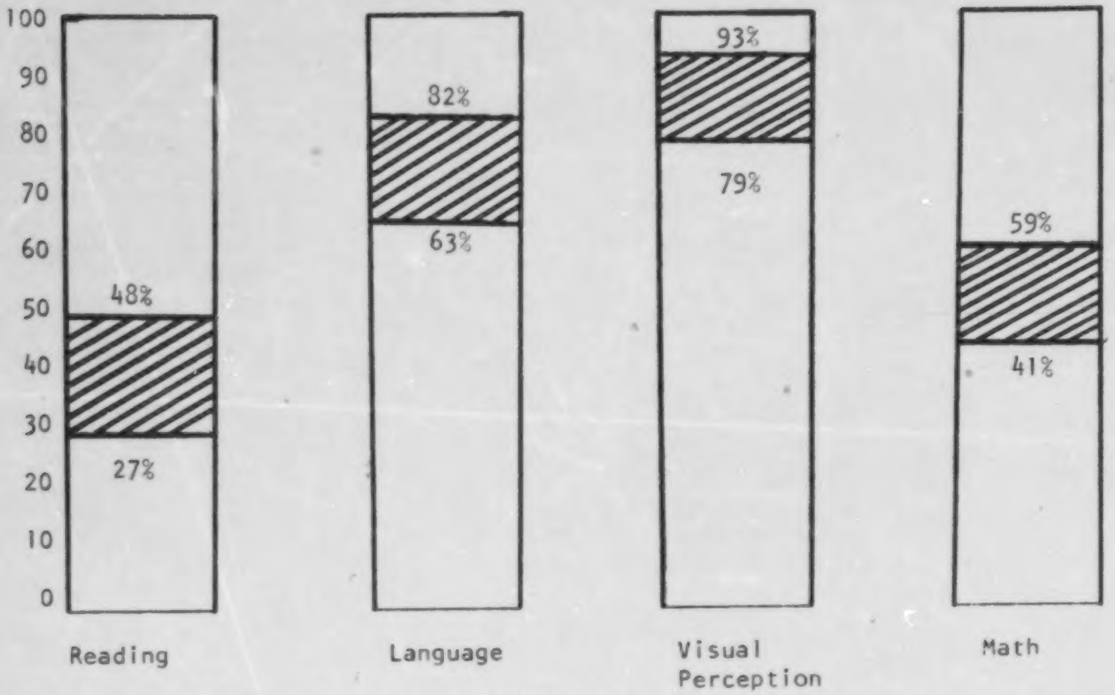


Table 3
Skill Gains for Second Grade Pupils
N=6

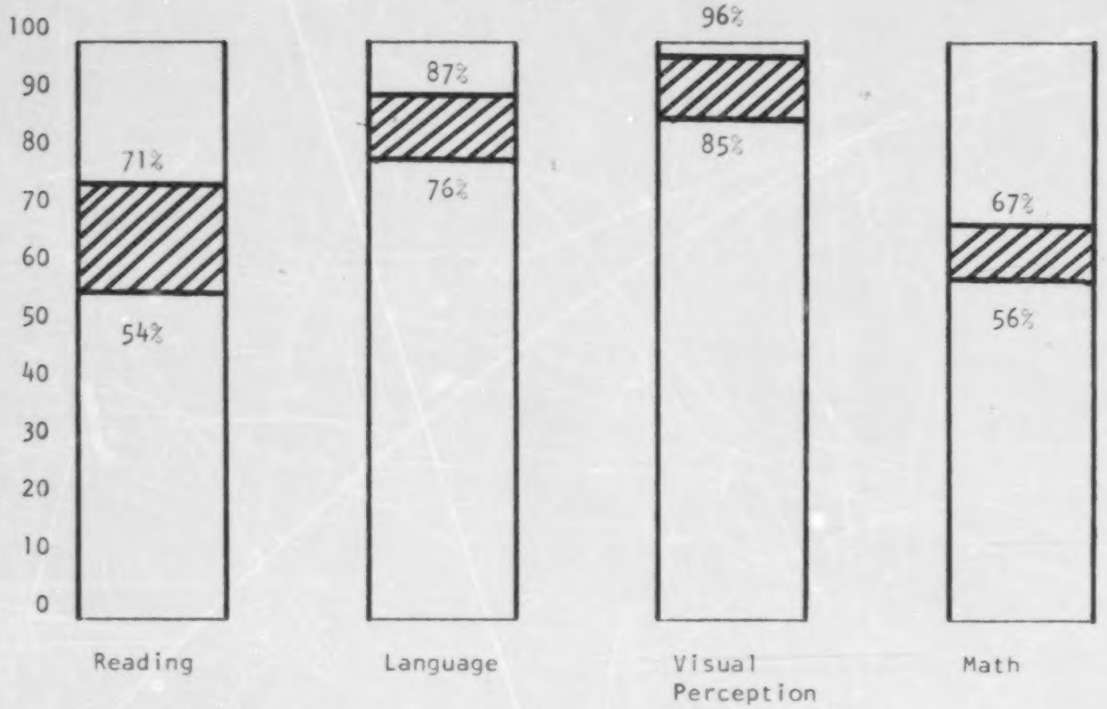
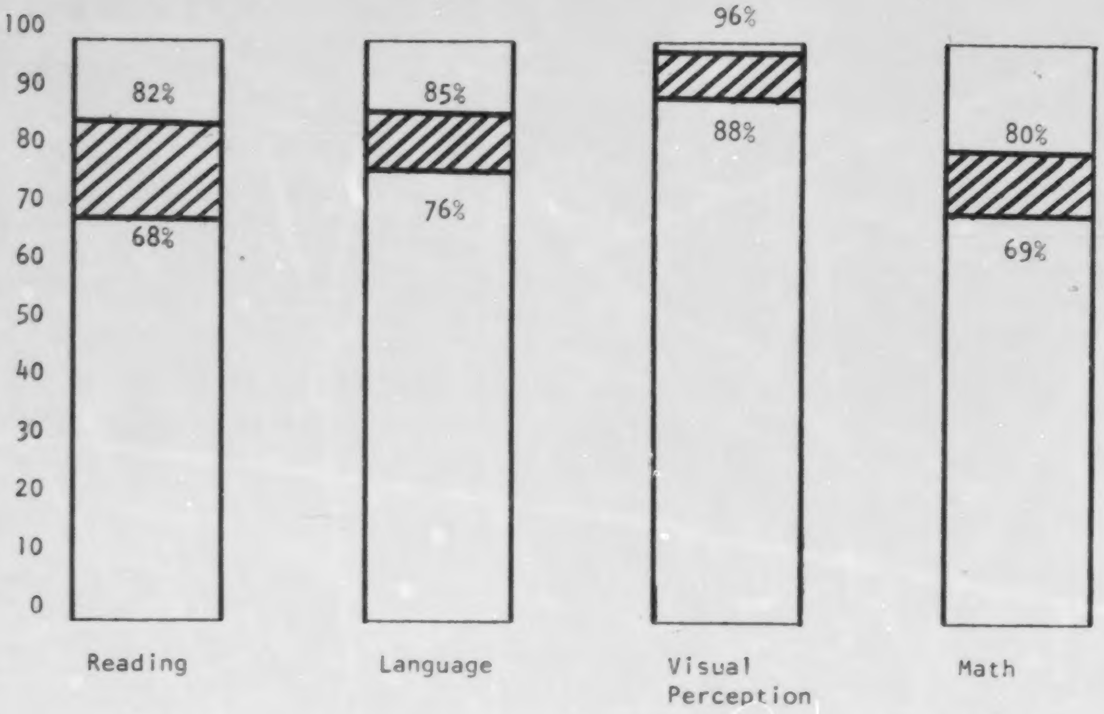


Table 4

Skill Gains for Third Grade Children

N = 10



Title of Project: *Aural, Visual, and Cognitive Programming for Deaf Multiply Handicapped and Profoundly Deaf Children, Ages 2-6*

Location of Project: *Tucker-Maxon Oral School for the Deaf*

Population Served: *Group 1: 15 deaf children, ages 3-6, identified as having possible visual, motor, perceptual or cognitive limitations.*
Group 2: 44 deaf children, ages 2-6, who have received initial auditory evaluations and hearing aid placement.

Funding Allocated: *$9,950*

Project Beginning Date: *August 20, 1975*

Project Ending Date: *August 31, 1976*

Background and Rationale:

Many schools for the deaf have reported a gradual increase in the number of hearing impaired children who are felt to have additional handicapping conditions. A number of these students are felt to have visual, perceptual, motor and cognitive limitations which seriously impede their progress through the traditional primary curriculum of a school for the deaf.

Educators of the hearing impaired have expressed a need for early identification of these children so that prescriptive programming might be initiated in an attempt to minimize the negative aspects of the additional handicaps.

While currently available testing instruments and procedures appear adequate in identifying young deaf children with intellectual deficiencies, there is concern that many preschool deaf children with visual, perceptual, and cognitive limitations are not being identified until the children are well into the primary grades.

It has been suggested that a diagnostic and predictive profile on each entering preschool deaf child be developed so as to minimize the number of children not receiving appropriate programming during the preschool and primary years.

An additional concern has been the appropriateness of the original hearing aid recommendations for preschool deaf children. New testing instruments and evaluative procedures may offer the audiologist and the teacher for the deaf added information to insure suitable hearing aid placement and adequate auditory stimulation and training.

This project was designed to provide service to hearing impaired children in these areas.

Methodology:

Thirty-one preprimary and lower primary hearing impaired children participated in an intensive auditory education program involving the Audiotone auralometer. Each child was scheduled for a 30 minute individual session daily. The average length of time spent in the evaluation program was 12 weeks. At the end of the period, results were evaluated by the audiologist and the teacher to determine whether the child's current personal aids were adequate or whether other aids might be more beneficial. When the children were returned to the regular auditory curriculum within the classroom setting, continued monitoring occurred and if any questions or concerns arose, the children were staffed by the classroom teacher, the supervising teacher, and the audiologist. Hearing aids were screened weekly through the Frye Fonix hearing aid tester. Children's responses were tabulated and placed into the Mainstream Quotient being maintained on each child to determine the optimum time for placement with hearing children.

Each child was screened for eye movements, binocularity, visual perception, and visual acuity. Staff members for the Department of Optometry, Pacific University, completed the screenings which had been initiated during the previous Title VI project. A developmental quotient was attained for each child. Each child was programmed either during recess or physical education period into a series of "Visual Thinking" games developed by Dr. Hans Furth and Harry Wachs. Children remained in the activity phase of the project until data had been completed on at least 34 visual games.

Each child was programmed so as to receive a minimum of 30 minutes daily in activities designed to measure and increase acquisition of logical thinking skills. Materials were basically those developed by Lavatelli, Furth, and Wachs. Twelve hearing children were used as a comparison group. Their ages ranged from almost three to almost six.

Objectives: 1. *To provide auditory education to profoundly deaf preschoolers.*

Evaluation: Baseline data obtained by an audiologist from complete audiological evaluation. Individual hearing aids to be evaluated weekly on Fonix or phonic-ear electronic equipment. Extent of progress through auditory education curriculum was to be measured by teacher for deaf and the audiologist. Changes in auditory discrimination ability to be measured by audiologist at completion of tutorial sessions on the auralometer. Periodic re-evaluation of new hearing aid or new hearing aid setting to be done by audiologist. Extent of progress through "integration oriented auditory curriculum" measured by teacher for the deaf and audiologist.

Results: Each child in the project received an initial audiological evaluation in the fall, and a follow-up evaluation prior to August 31, 1976. All hearing aids were tested weekly on either a HC Electronic Tester or the Fonix Hearing Aid Tester. Weekly records were maintained to insure that aids were functioning as per manufacturer's specifications and audiologist's recommendations.

Children were placed into a newly designed auditory education curriculum. The developmentally sequenced curriculum was presented while the child was on the Audiotome Auralometer, an electronic instrument designed to permit an audiologist and a teacher for the deaf to determine which of five settings provided for optimum amplification.

Each child received daily listening experiences on a tutorial basis. Average length of time was approximately 12 weeks. Time required decreased with age of the child as well as the expertise of the teacher. Children's listening abilities were scored on the Audiological record and then summated on the Mainstream Quotient.

Of the 31 children, 16 were recommended for ear level aids, six recommended for continuation on current body aid, one to receive another type of body aid, and six had not completed the Auralometer work-up by August 31st.

Of the 15 children recommended for ear level units, all were recommended for a lower amplification setting than customarily used on their body aids. The average reduction in recommended amplification was approximately 10 decibels.

Table 1 displays the data which supports the reduction of amplification required for profoundly hearing impaired children.

Children were returned to the regular classroom for auditory education activities upon completion of the Auralometer work-up. Of the 23 children receiving post-project evaluation by the classroom teacher, 20 appeared capable of maintaining the level of listening skills attained during the tutorial periods. Responses tended to be more comparable to moderate and severe losses, even though all but four in the study had been classified as profoundly deaf.

An informal log of parental comments was maintained. It revealed a number of instances of improved recognition of environmental sounds at home and in public. Feedback via loose fitting earmolds did not appear as a major problem.

One additional result of the project was the increased awareness on the part of the children of a decline in power in the aids. Requests for new batteries increased considerably, even when the battery tested indicated only a modest decline in power output.

2. *To improve visual skills for those children identified as having minimal visual perceptual abilities.*

Evaluation: Baseline data obtained from previous Title VI project. Ongoing data will be collected on those visual and perceptual abilities.

Results: During 1974-75, a Title VI project was conducted with the Department of Optometry, Pacific University, to determine the feasibility of developing a screening procedure to identify young deaf children with acuity and/or perceptual problems. At that time, two out of 26 children passed through the screening, but were later identified as having visual acuity problems. An additional nine students were identified as having visual acuity and/or perceptual problems. Of these, only four had previously been examined by an eye specialist.

The optometrists reported that as their skill in evaluating the children increased, their dependency upon the screening procedures and resulting scores decreased. This trend continued into 1975-76 with only two optometrists remaining in the study.

For the Title VI project of 1975-76, 34 preschool and primary children were given a battery of visual perception tests. Those administered included:

a. Visual Motor Integration
b. Motor Free Visual Perception
c. Stereo-Fly
d. Telebinocular

Developmental quotients below 90 were considered as "of academic concern" in that these would be children having difficulties in eye movements, binocularity, and visual perception. Table 2 displays data on visual perception of children on pre- posttest scores.

3. *Improve rate of acquisition of cognitive thinking skills by profoundly deaf preschoolers.*

Table 1

Pre- Posttest of Preferred Setting of Body and Post Auricle Aids on Fonix Tester

Child	Preferred Setting of Body Aid on Fonix Tester (September, '75)	Preferred Setting of Post Auricle Aid on Fonix Tester (June, 1976)
1-1	133 db. (Speech Range)	121 db. (Speech Range)
1-2	131	123
1-3	129	120
2-1	135	113
2-2	132	122
2-3	133	120
2-4	129	121
3-1	125	115
3-2	131	120
3-3	133	122
3-4	128	117
3-5	131	119
4-1	122	114
4-2	128	112
4-3	120	116
4-4	133	123
4-5	115	107
4-6	130	120
5-1	129	122
5-2	130	126
5-3	125	124
5-4	133	124
5-5	135 Average 129 db.	124 Average 119 db.

N = 23

Table 2
Developmental Quotient Scores

Fall 1975 Scores	Spring 1976 Scores
128	NA
119	NA
115	NA
110	NA
110	NA
103	NA
101	NA
100	110
98	111
97	109
96	112
95	106
95	NA
93	100
91	110
90	103
89	100
88	97
83	97
80	85
80	75
75	77
71	78
66	70
64	64
62	60
59	62
Average of Students Scoring under 100 = 84	Average of Students Scoring under 100 = 90
	More than 6 Points Improvement = 11 Less than 6 Points Improvement = 8

Evaluation: The criterion referenced inventory (thinking skills) will be developed by the Tucker-Maxon staff. Data compiled to determine rate and types of cognitive growth in both hearing and deaf. Atypical responses by deaf to be identified.

Results: Thirty-six children received daily programming in activities designed to increase the rate of acquisition and level of sophistication in logical thinking skills. A nursery unit involving ten hearing preschoolers (ages 3 to 5) was operated on campus to provide some comparisons between the cognitive development of normally hearing and profoundly deaf young children.

A "Thinking Skills" checklist was developed for evaluating each child. The checklist approximated the usual hierarchy of development.

1. Classification
    A. Perceptual Sorting
        1. Color
        2. Shape
        3. Size
        4. Shift criteria
        5. Two variable matrix
            a. Choose correct shape
            b. Predict correct shape
        6. Three variable matrix
    B. Cognitive Classifying
        1. Common objects by function
        2. Relationship matrixes (picture analogies)
            a. Choose correct picture
            b. Predict correct picture
        3. Class inclusion
            a. With objects
            b. With verbal categories

II. Seriation
    A. Objects 1 to 5 by size
    B. Objects 1 to 10 by size
    C. Insert missing object in sequence
    D. Match two sequences

III. Number
    A. Maintain one to one correspondence when sets are disturbed.

IV. Prediction
    A. What do you think will happen?
    B. What will happen? (probability)

V. Problem Solving
    A. How will you? we?

VI. Inference
    A. How does ______ feel? (emotion from a picture)
    B. Why does ______ feel ______?

VII. Space and Time

Each child was exposed to five types of activity:

a. General Movement thinking
b. Discriminative thinking
c. Visual thinking
d. Hand thinking
e. Social thinking

In the course of the project all children were exposed to the training materials with the exception of a few of the hearing children who were out for some extended period with the flu. Table 3 displays the pre- posttest data for 29 children.

Conclusions that the project staff made from the data and from observation of children are as follows:

a. There did not appear to be a significant difference in the problem attack strategies of

Table 3
Pre-Posttest Data on the Thinking Skills Checklist

Age Group	September	May	Net Change
Hearing Children (ages 3, 4, and 5) Note: Not included are three students with considerable number of absences.)	22	30	8
	18	32	14
	27	55	28
	23	33	10
	28	52	24
	30	56	26
	19	32	13
Hearing Impaired (age 3)	20	31	11
	16	25	9
	16	24	8
Hearing Impaired (age 4)	18	26	8
	19	31	12
	22	35	13
	30	38	8
	15	27	12
Hearing Impaired (age 5)	27	49	22
	28	55	27
	14	37	23
	27	54	27
Hearing Impaired (age 6)	56	58	2
	31	55	24
	57	57	NC
	57	61	4
	46	46	NC
	52	61	9
Hearing Impaired (age 7)	59	61	2
	56	58	2
	56	57	1
	58 (2)	58 (2)	NC

X ÷ 11.96

the three year old deaf and their hearing peers.

b. There was only a slight difference in favor of the four year old hearing children.

c. The five year old hearing children appeared more mature in their problem solving abilities than their hearing impaired peers. However, the difference was not as great as had originally been thought.

d. There was some correlation between problem solving and physical coordination and attainment. This relationship would merit further study.

e. The project would have been more effective if the classroom teachers for the deaf had conducted all of the activities with the hearing children.

f. Some three year olds—both hearing and deaf—had limited attention spans and the materials were occasionally beyond their limits of participation.

g. The staff reported some correlation in fine motor and physical coordination and speech and general academic attainment.

h. The three and four year olds fluctuated widely in their day to day abilities. Scoring became a challenge because it was occasionally difficult to know when a child had definitely acquired the skill.

i. The three and four year old deaf children were not as easily stimulated to take part in the activities. In as much as some of the "games" required visual instruction, speech reading and attention span were vital.

Third Party Evaluator's Comments:

Data submitted for Objective 1 indicates that children were able to reduce the amplification necessary for them to function appropriately in situations that required auditory discriminations. The evaluation of hearing aids assured that each child was using a hearing aid that was optimum for his needs and that the level of intensity was maximally appropriate for his needs.

Data submitted for Objective 2 indicates that this objective was met. The average score across students on the pretest was 84 and on the posttest it was 90. Eleven students gained more than six points after teacher intervention.

Pre- posttest data submitted for Objective 3 indicate a mean gain of 11.96 across all students. The range was 1 point gain to 28 points gain. This objective was achieved.

In summary, objectives were met. The project staff are to be commended for a job well done.

Title of Project:	*Learning Resource Center—Vale District #15*
Location of Project:	*403 E. Street West* *Vale, Oregon 97918*
Population Served:	*640 Students, Grades 1-8*
Funds Allocated:	*$16,000*
Project Beginning Date:	*July 1, 1975*
Project Ending Date:	*June 30, 1976*

Background and Rationale:

Before this project was initiated there were limited provisions available for children with extreme learning problems. The students from this district diagnosed with learning difficulties, requiring special instruction, were enrolled in the Ontario School District on a tuition basis.

This project was undertaken because: (1) the desire of the Board to provide a better program for students; (2) parent request for the program to be provided locally; and (3) the availability of Title VI funds to help get the program started.

The project has enabled us to develop assessment procedures to determine children needing special instruction and an instructional program suited to their needs. The program has been accepted very well by the staff, parents and students.

Methodology:

It was the intent of this program to serve students in three specific ways. The overall intent was to give students special instruction only in the areas where needed. All other instruction was provided by the regular classroom teacher. Students spent as much time with their peer group as possible.

1. A few students spent most of the day with the LRC teacher. They were with their peer group for such activities as recess, P.E., lunch, etc.

2. Another level of students were "home-based" with their regular classroom teacher—spending specific amounts of time within the LRC.

3. A third group of students was served through consultation between the LRC teacher and the regular classroom teacher. These students rarely, if ever, spent time in the LRC.

Special Features: this project and program has the following special features.

1. It is headed by a very capable instructor, something we have never experienced before.

2. This program received overwhelming support from the staff. This is also different from past attempt at guidance and special education.

3. The program was aided and supported by a staff guidance team made up of the LRC teacher, four classroom teachers, two administrators, and a school psychologist from the Ontario Mental Health Clinic, Ontario, Oregon.

These features along with our three level approach mentioned earlier gave us a solid foundation to a program for students with learning difficulties.

The four top priority objectives for behavioral changes have been listed for each student that entered the LRC. Also included in this report is a brief summary of the following data: the screening process, tests, priority objectives and their results.

Objectives:

1. *Selected children will be screened and referred to appropriate programs (extreme learning problems program and the educably mentally retarded program).*

Evaluation: The number of children screened will be recorded. The test used in screening the children will be recorded. The results of those tests used in screening the children will be reported. The placement of those children screened and the recommendations as a result of the screening will be reported.

Results: A total of 13 students were screened. The information that follows for children describes the tests and test results.

Student #1 was transferred to Vale Learning Resource Center from Special Education Program at Nyssa, Oregon. Student #1 was a certified EMR student.

An observational assessment of this student's ability to interact in the school's environment by

Learning Resource Center (LRC) and homeroom teacher was conducted.

This student had to be closely supervised at all times, had many interfering behaviors that prevented academic and social success, was in constant motion and was easily distracted, seemed unable to judge consequences of behavior, verbalized continuously with gutteral sounds (uh, ah, um), did not respond with eye contact when called by name.

Student #2 was transferred to Vale Learning Resource Center from the Special Education program at Ontario, Oregon, a certified EMR student.

An observational assessment by classroom teacher and Learning Resource Center teacher was conducted. This student was extremely shy about being placed in the regular classroom, was reluctant to interact with peers and verbalized only when asked to do so, had severe speech and articulation disorders, lacked physical coordination, especially in gross motor skills.

Wide Range Achievement Test

	Reading (Word Recognition)	Spelling	Arithmetic
Pretest	1.7	1.0	1.2
Posttest	2.1	1.1	1.2

Informal Reading Inventory Mann Suitor

Pretest	Oral Reading	Comprehension	Word Recognition
PP	Ind	Ind	Frus 15%
P	Frus	Inst	Frus 10%
1	Frus	Frus	
	Posttest		
PP	Ind	Ind	100%
P	Ind	Ind	95%
1	Inst	Ind	70%
2^1	Inst	Inst	40%
2^2	Inst	Frus	—
3^1	Frus	Frus	—

Dolch Sight Words

Pretest 21/220 Posttest 175/220

Number Correct Over Total

Student #3 was screened and assessed by the guidance team. The team recommended the student receive further medical and educational testing at the University of Oregon Medical School. It was upon the University's recommendation that this student was placed in the Learning Resource Center.

The WISC-R indicated verbal performance and overall intellectual abilities within the borderline range. The student's greatest weaknesses were the following: factual knowledge, visual-motor perceptual skill, short-term memory, concentration and general alertness.

WRAT Word Recognition—2.0; Spelling—2.0; Arithmetic—2.1.

Dolch Sight Words. Pretest—26/220. Posttest 174/220.

Informal Reading Inventory—Mann Suitor

Posttest	Oral	Comprehension	Word Recognition
PP	Ind	Inst	100%
P	Inst	Ind	95%
1	Inst	Ind	75%
2^1	Inst	Inst	15%
2^2	Frus	Ind	0%

Student #4 was a transfer student to Vale Learning Resource Center from a Special Education Program in Dorris, California.

This student was enrolled in the LRC on a temporary basis. The student was living in a foster home while the parent completed a 30 day jail sentence. Permanent records were sent for and received by the end of the 3rd week. At that time, this student was participating in a program coordinated and planned for him by the classroom teacher and the LRC teacher. The six weeks extended to the end of the school year, May 1976. This student could not read beyond pre-primer level, and knew 15 sight words of the Dolch Basic Word List.

When this student enrolled in the LRC, he was extremely shy, for three weeks he wore his jacket with the hood up and over his head. It was two more weeks before he would remove his jacket entirely and another two weeks before he would hang his jacket on a clothes hook. He was reluctant to leave the LRC for any reason. He wanted to spend all his free time here, rather than on the playground.

Student #5 was transferred to the Vale LRC program from the Special Education Program at Ontario, Oregon.

Peabody Picture Vocabulary Test CA 8-10, IQ—98, Percentile 46

Informal Reading Test—Mann Suitor

Pretest	Word Recognition	Oral Reading	Comprehension
PP	26%	Frus	Frus

Posttest	Word Recognition	Oral Reading	Comprehension
PP	94%	Ind	Ind
P	85%	Ind	Ind
1	5%	Inst	Ind
2	0%	Frus	Inst

Dolch Sight Words

Pretest	Posttest
5/220	67/220

Student #6 was screened and evaluated by Guidance Team in the spring of 1975. He was placed in the LRC in September 1975.

Observational assessment by the classroom teacher and LRC teacher revealed that the student lacked readiness skills for adequate performance in the classroom. The student had severe language and articulation problems. He did not know the alphabet and letter sounds, but he could read and identify five sight words, sky, sun, three, green and grass. His writing was irregular and difficult to read. This student could read and identify numerals 1-12. He could count to 25 but could not say the numbers 13 and 15, and could not identify the numerals above 13.

Student #7 was assessed by the Guidance Team. They recommended further medical diagnosis and medical diagnosis confirmed brain damage, with multiple learning disabilities. The student was placed on medication and recommended for placement in LRC.

Observational assessment by the classroom teacher and LRC teacher revealed that the student lacked readiness skills. He was unable to recite the alphabet letters in sequence, and could not identify the letters of the alphabet except the following: F, B, A, O, S. He did not know colors, numerals, and he had poor motor coordination and could not print his name.

Student #8 was placed in the program by the regular classroom teacher. Observational assessment by the classroom teacher and LRC teacher revealed this student lacked readiness skills necessary to make progress in regular classroom. Could recite alphabet by rote in proper sequence but could not identify and name letters of the alphabet. He could identify the numerals 1-5, had good muscle coordination, but lacked fine motor skills.

Student #9 was screened and assessed by Guidance Team. However, further medical testing was recommended because the student was experiencing numerous seizures. This student was sent to the University of Oregon Medical School. A complete medical and psychological exam was done, confirming that this student was having epileptic seizures. The University also recommended that this student be placed in the LRC program to receive additional help.

Observational assessment was made by the classroom teacher and LRC teacher. It was disclosed that this student had very poor motor coordination skills. Due to the increased number of seizures this student was rapidly falling behind in classroom activities.

Student #10 was screened and assessed by Guidance Team. He entered the LRC program on January 15, 1976.

This student was referred because of a persistent negative pattern in social behavior. This student was reluctant to join in group activities, preferred to be alone and was without close friends. This student also lacked good motor coordination, especially eye-hand coordination and large muscle control.

Student #11 was screened and assessed by the Guidance Team. He was placed in the LRC in January 1976.

At the beginning of the school year this student was not testable. He felt threatened in any "test" situation and refused to answer questions. His favorite comment was, "I don't know!" or "I can't do it!" All assessment regarding this student had to be done through observation. This student had weak phonetic skills, weak math skills and serious left-right visual problems. He had a short attention span and had poor writing skills.

Informal Reading Inventory - Mann Suitor

Posttest

	Word Recognition	Oral Reading	Comprehension	Listening
PP	100	Ind	Ind	—
P	100	Frus	Ind	—
1	90	Inst	Ind	—
2^1	15	Frus	Ind	—
2^2				Ind
3^1				Ind

Metro Form F/Ave. Reading 2.3/Ave. Math 2.0

Dolch Sight Words

Posttest

Knows 92 out of 220 words.

Student #12 was transferred to the Vale LRC from a special education program in Ontario, Oregon. He was a certified EMR.

This student had severe language and articulation disorders and for this reason it was difficult to understand what he said. This student could not distinguish between sounds that were different or the same. Arithmetic was difficult but this student could count to 50 and could add one to the numerals 1-10. He knew the alphabet, but had difficulty in saying the sounds of the letters. As a result of the pretest it was felt that he would make good gains in the classroom if his communication problems could be helped.

Wide Range Achievement Test, Pretest

Reading (word recognition) 2.0 Spelling 2.0
Arithmetic 1.4

Botel Reading Inventory	
	P Ind
	1 Instr
	2 Frust

Informal Reading Inventory, Mann Suitor

Pretest	Word Recognition	Oral Reading	Comprehension
PP	—	Ind	Inst
P	—	Frus	Frus
Posttest			
PP	100	Ind	Ind
P	100	Ind	Ind
1	95	Ind	Ind
2^1	40	Frus	Inst

Student #13 was transferred to Vale LRC from special education program at Ontario, Oregon. He was a certified EMR.

Observational assessment by teacher and LRC teacher revealed that this student was misplaced in the special education program and that the classroom would provide the stimulating environment to help this student achieve. This student had excellent social skills, and could read on a 2^2 level. He was at level 3^1 in math and had excellent cursive writing. He had good skills in general information and conversation.

Peabody Picture Vocabulary Test, Ma 10.4/ IQ 107

Wide Range Achievement Test, Reading (word recognition) 3.1/spelling 3.3/ Arithmetic 3.1

Student #14 was screened and assessed by the Guidance Team and was placed in the LRC room in March 1976.

This was a 7th grade student, who was frequently absent and seemed to have no interest attending school. The student did not get along well with peers and at times suffered physical abuse. The student did not participate in physical exercises and had a poor self-concept and thought of himself as "dumb." It was felt that if he could find success in something, especially reading, it would help to change his self-concept.

Peabody Picture Vocabulary Test, MA 13-3/IQ 117

Informal Reading Inventory Silvaroli

Pretest	Word Recognition	Oral Reading	Comprehension
1	100	—	—
2	90	—	—
3	85	—	—
4	85	Inst	Ind
5	55	Inst	Ind
6	—	Instr	Ind
7	—	Frust	Instr
8	—	Frust	Instr

2. *List of children placed in the program.*

Evaluation: A record of the list of the children placed in the program will be kept on file and will be reported.

Results: The project staff submitted a list of names of the 14 students that were enrolled in the program and that are on file in the school building.

3. *The teacher will prescribe specific programs for the child based on the recommendations made in the initial screening.*

Evaluation: What prescriptions were developed for each child will be recorded and reported. Progress data will be collected on each prescription for each child and will be reported.

Results: Each objective for each student was listed and results for each numbered objective were reported. Data were submitted for each child (14 children) but because of constraints placed on the size of the document data for children has been printed.

Student #1

Objectives:

1. To decrease unnecessary verbalization of gutteral sounds.
2. To increase independent behaviors such as going to lavatory; to the library; to homeroom; to office; to the lunchroom; without supervision.
3. To increase ability to attend by increasing eye contact when called by name.
4. To increase time spent in the regular classroom.

Results

1. Unnecessary verbalization of gutteral sounds completely eliminated. Decreased in verbalization from 98% to zero percent.
2. Independent behaviors have increased. Student is able to do the following activities independently and without supervision. Behaviors increased from zero percent to 100%. They are the following: going to the lavatory, going to homeroom, returning to the LRC after classroom activities, going to the library to find and check out books, going on errands to the office with a note for supplies.
3. Increasing eye contact when student's name was called, proved to the key to increase student's ability to attend. Explicit examples of good response and good listening were repeatedly provided. Descriptive praise and

reinforcement with a token system enabled this student to increasingly attend to more complicated instructions.

4. Student increased time spent in the homeroom from zero percent on a daily basis to 17 percent.

Student #6

Objectives:

1. To increase reading readiness skills by demonstrating the following abilities: naming colors, matching shapes, matching and naming numerals, reciting the alphabet, finding letters of the alphabet, and reading letters of the alphabet.
2. To increase language communication, the student will participate in a coordinated program between Speech Therapist and LRC. The Monterey Language Development Program will be used. The Therapist will introduce the program to the student and LRC teacher will do the follow-up.
3. To increase student's ability to read sight words. The Dolch Basic Sight words will be presented 10 at a time until student can read the entire list four times in one minute, before going on to the next list.
4. To increase ability to read and recognize numerals (1-25), student will read numerals in a random order at 40 numerals per minute after numerals have been studied and identified.

Results

This student was enrolled in the LRC program from September '75 until January '76. At that time the parents moved to Portland and this student's records were sent on to the new school. A copy of the records was not retained.

Student #8

Objectives:

1. To increase fine motor coordination through participation in a fine-motor skills building program by demonstrating proper use of scissors and demonstrating the ability to cut on straight, angled and curved lines. Should also be able to demonstrate ability to manipulate small objects, build with blocks, hammer nails and tacks and be able to fold paper.
2. To increase reading readiness skills by demonstrating skills necessary for reading readiness, such as naming colors, matching shapes, matching and naming numerals, identifying and naming letters of the alphabet.
3. To demonstrate an increased readiness for writing by holding writing instrument correctly and demonstrating ability to do prewriting exercise by tracing over dotted lines, straight lines and curved lines.
4. To demonstrate an increased ability in math readiness by matching, finding, identifying geometric shapes, numerals and equivalent sets.

Results

1. Student demonstrates a 100% increase in fine-motor coordination enabling student to cut with ease more complicated patterns. Student can build with blocks and demonstrates ability to manipulate small objects.
2. Student has increased reading readiness skills by 90%. Student can name and identify colors; numerals 1-20; identify and name 23 letters of the alphabet. Student can read and identify 25 sight words.
3. Student demonstrates an increase in writing ability by 100%. Student can perform satisfactorily all the writing readiness exercises and in addition can copy letters and numerals independently. Can copy 32 alphabet letters in one minute with 3 errors.
4. Student demonstrates 100% increase in the ability to perform math readiness skills. Student can do all the math readiness exercises and in addition can count by rote to 32 and read 40 numerals in one minute with 4 errors. Can write 21 numerals with zero errors in one minute. Can write numerals 1-12 in correct sequence.

Third Party Evaluator's Comments:

In reviewing the results of the three objectives it becomes apparent that they have been met.

This evaluator was particularly pleased with the specification of one or more "priority objectives" by the LRC teacher for each of the 13 students enrolled in the program. A review of those data submitted for the results section under Objective 3 indicate that each student made significant changes in specified behaviors.

Under Objective 1 it would appear that the staff did not spend an inordinate amount of time screening and assessing students. It was encouraging to note that the project staff recommended that student #13, a certified EMR, whom they assessed as being misplaced in the EMR program, be returned to the regular classroom. Great!

This evaluator would like to thank the project staff for its hard work during the school year and the timely completion of the final report.

Title of Project: *HELP (Help Eliminate Language Problems)*

Location of Project: *Wasco IED, The Dalles*

Population Served: *49 Parents of Preschool Children*

Funding Allocated: *$1,800*

Project Beginning Date: *September 1, 1975*

Project Ending Date: *June 30, 1976*

Background and Rationale:

This was a fourth year Title VI ESEA project designed to reduce the incidence of functional speech and language problems of the preschool aged population through the use of an adult education program.

Most authorities agree that as many as 70% of speech problems among the school age population are preventable during the developmental years. If this is a valid assumption then instructional strategies which focus on assisting children with identified problems during this critical period should reduce those problems by the time a child enters school. Therefore, a seven year cross-sectional study was undertaken to instruct parents in the area of normal speech and language development, with suggested methods and procedures for facilitating this development in their preschool children.

Methodology:

The program strategy utilized workshops for parents of preschool children. Each workshop consisted of three evening sessions, approximately 2½ to 3 hours in length. Through the use of numerous slides, tape recordings and movies the normal stages of speech and language development from birth to age five were presented. Further, specific activities and suggestions to facilitate language development at each age level were provided. A pre-posttest was developed to measure changes in attitude and increases in information of parents participating in the workshops.

The project staff consisted of four speech pathologists, all of whom had been trained in the use of the "Teach Your Child to Talk" program (Cedco Standard Publishing Co.). The four speech pathologists were responsible for conducting the workshops for the parents. In addition, another staff member served as an aide, contacting potential participants for the workshop. The aide was to relieve the speech pathologists of the cumbersome, time consuming burden of calling people with preschool children, writing letters, and submitting newspaper and radio spots. The project aide attended a training session with the project director. During the training the aide was also trained in the use of the "Teach Your Child to Talk" materials so that she would become more familiar with the content of the workshop and in a better position to answer questions of potential workshop participants.

To test the effectiveness of the program the incidence figures of speech and language problems of all first grade children in Sherman, Wasco, and Cook Counties were obtained. The incidence figures obtained in Sherman and Wasco Counties, where workshops were conducted (experimental group), were then compared with incidence figures from Crook County where workshops were not conducted (control group).

Objectives:

1. *To reduce the incidence of speech and language disorders among incoming first grade children in the Wasco and Sherman County schools.*

Evaluation: A pre and posttest workshop test will be administered to all participants to determine the effectiveness of the workshops and imparting information on speech and language development. Workshop attendance records will be kept and submitted also. The incidence figures of speech on language problems of all first grade children will be attained each September from 1972 to 1978. The 1972 and 1978 figures will be compared to determine if a reduction of incidence has occurred. The incidence of figures will determine from the following battery of tests administered to each child: Peabody Picture Vocabulary Test and the Riley Articulation and Language Test. A taped language sample of each student will be obtained and analyzed using the Laura Lee Developmental Sentence Scoring Test. These samples will be obtained during the years 1972, 1975 and 1978. The children in Wasco and Sherman Counties whose parents have been in the workshop will be compared to those children in Crook, Wasco and Sherman counties where parents did not participate in the workshop.

Results: Table 1 displays the mean mental age of first grade children in the three counties participating in the study. A comparison of the mental age scores for the experimental group during the four years of the study indicates a slight upward trend. A comparison of the same data for the control group indicates a gain only in the 1976-76 year.

Table 2 displays the percent of first grade children scoring 83 or less on the Riley Articulation Test. Norms established for the Riley indicate that only 10% of first graders should score 83 or less. Both the experimental and control groups exhibit articulation problems in excess of the norms established for the test. However, while it is not stable, data for the experimental group indicates a stronger trend toward remediation of articulation problems than does the control group.

Data from taped language samples from each student are not available due to an involved analysis procedure and a shortage of personnel to accomplish the analysis.

A total of 362 first graders from the Wasco-Sherman County experimental group are represented in the incidence data. However, only 16 parents of these students, or 4%, attended the speech and language shops. Data relative to the information obtained and the attitudinal change of these parents as a result of the workshops is displayed in Table 3.

Third Party Evaluator's Comments:

This project has identified a critical need in the

Table 1

Mean Mental Age Comparisons of First Graders Using the Peabody Picture Vocabulary Test

Test Group	1972-73	1973-74	1974-75	1975-76
Wasco/Sherman Counties (Experimental Group)	6 yr 8 mo	7 yr 0 mo	7 yr 1 mo	7 yr 1 mo
Crook County (Control Group)	6 yr 7 mo	6 yr 7 mo	6 yr 7 mo	6 yr 9 mo

Table 2

Percent of First Grade Children Scoring 83 or Less on the Riley Articulation Test

Test Group	1972-73	1973-74	1974-75	1975-76
Wasco/Sherman Counties (Experimental Group)	77/347 = 22%	60/312 = 19%	51/316 = 16%	67/362 = 18%
Crook County (Control Group)	29/206 = 14%	26/189 = 14%	37/181 = 20%	26/195 = 13%

Table 3

Mean Performance Scores of Workshop Participants on the Attitudinal and Informational Test

		Attitudinal			Informational		
Year	N*	Pre	Post	Gain	Pre	Post	Gain
1972-73	112	27.88	30.84	2.96	35.56	40.41	4.85
1973-74	53	29.19	30.35	2.16	36.17	40.90	4.73
1974-75	72	28.11	30.96	2.85	35.82	41.26	5.44
1975-76	46	27.63	31.27	3.64	36.86	41.10	4.24

Note: Maximum score on the Informational Test was 46, Attitudinal Test was 35.
*: Number of participants completing all workshops

speech and language development of preschool children and is addressing that need through a strategy of early intervention. The staff must be commended for their dedication to the remediation of a problem which can have a wide effect on the whole spectrum of a child's development

While there appears to be a trend of improvement in the data reported over the last four years several statements must be made about the variables which may be affecting this change.

First, the incidence figures presented indicate that both the experimental group and the control group have had upward movement of mental ages and fluctuating incidence of articulation problems.

Secondly, it is very difficult to determine whether the training of the parents is impacting any specific speech and language behavior change since follow-up data relative to actual parent use of the procedures taught is not available.

Most important is the fact that attendance of parents represents a very small percentage of the total first grade population reported. It would be, therefore, very difficult to determine the relationship between the procedures employed and any change in the speech and language incidence data reported.

It is suggested that efforts be made to obtain better control of the variables and a strategy for increasing the percent of parent attendance be developed for the remainder of the study.